

Requirement		Physical Plant/Environmental Safety	Specialty	In Compliance?				Deficiency Type				
Type	Section	Regulation/Statute Language	Tool	Yes	No	N/A	Type A	Type B	TV	TA	Notes	
HSC	1569.32	Any duly authorized officer, employee, or agent of the department may, upon presentation of proper identification, enter and inspect any place providing personal care, supervision, and services at any time, with or without advance notice, to secure compliance with, or to prevent a violation of, this chapter.										
CCR	87755(c)	(c) The licensing agency shall have the authority to inspect, audit, and copy resident or facility records upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the requirements in Sections 87412(f), 87506(d), and 87508(b).										
CCR	87113	The license shall be posted in a prominent location in the licensed facility accessible to public view.										
HSC	1569.311	Every residential care facility for the elderly shall have one or more carbon monoxide detectors in the facility that meet the standards established in Chapter 8 (commencing with Section 13260) of Part 2 of Division 12. The department shall account for the presence of these detectors during inspections.										
CCR	87303(a)	The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.										
CCR	87303(a)(1)	(1) Floor surfaces in bath, laundry and kitchen areas shall be maintained in a clean, sanitary, and odorless condition.										
CCR	87303(b)	(b) A comfortable temperature for residents shall be maintained at all areas.										
CCR	87303(b)(1)	(1) The facility shall heat rooms that residents occupy to a minimum of 68 degrees F, (20 degree C).										
CCR	87303(b)(2)	(2) The facility shall cool rooms to a comfortable range, between 78 degrees F (26 degrees C) and 85 degrees F (30 degrees C), or in areas of extreme heat to 30 degrees F less than the outside temperature.										
CCR	87303(b)(3)	(3) Nothing in this section shall prohibit residents from adjusting individual thermostatic controls.										
CCR	87303(c)	(c) All window screens shall be clean and maintained in good repair.										
CCR	87303(d)	(d) There shall be lamps or light appropriate for the use of each room and sufficient to ensure the comfort and safety of all persons in the facility.										
CCR	87303(e)	(e) Water supplies and plumbing fixtures shall be maintained as follows:										
CCR	87303(e)(1)	(1) All community care facilities where water for human consumption is from a private source shall:	YES									
CCR	87303(e)(1)(A)	(A) As a condition of initial licensure, provide evidence of an on-site inspection of the source of the water and a bacteriological analysis by a local or state health department or other qualified public or private laboratory which establishes the safety of the water.	YES									

CCR	87303(e)(1)(B)	(B) Following licensure, provide a bacteriological analysis of the private water supply as frequently as is necessary to assure the safety of the residents, but no less frequently than the time intervals shown in the table below. However, facilities licensed for six or fewer residents shall be required to have a bacteriological analysis subsequent to initial licensure only if evidence supports the need for such an analysis to protect residents. Licensure Capacity Analysis Required Under 6 Initial Licensing 7 through 15 Initial Licensing 16 through 24 Initial Licensing 25 or more Refer to the County Health Department for compliance with the California Safe Drinking Water Act, Health and Safety Code, Division 5, Part 1, Chapter 7, Water and Water Systems.	YES								
CCR	87303(e)(2)	(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).									
CCR	87303(e)(3)	(3) Taps delivering water at 125 degree F (52 degrees C) or above shall be prominently identified by warning signs.									
CCR	87303(e)(4)	(4) Grab bars shall be maintained for each toilet, bathtub and shower used by residents.									
CCR	87303(e)(5)	(5) Non-skid mats or strips shall be used in all bathtubs and showers.									
CCR	87303(e)(6)	(6) Toilet, handwashing and bathing facilities shall be maintained in operating condition. Additional equipment shall be provided in facilities accommodating physically handicapped and/or nonambulatory residents, based on the residents' needs.									
CCR	87303(f)	(f) Solid waste shall be stored and disposed of as follows:									
CCR	87303(f)(1)	(1) Solid waste shall be stored, located and disposed of in a manner that will not permit the transmission of a communicable disease or of odors, create a nuisance, provide a breeding place or food source for insects or rodents.									
CCR	87303(f)(2)	(2) Syringes and needles are disposed of in accordance with the California Code of Regulations, Title 8, Section 5193 concerning bloodborne pathogens.	YES								
CCR	87303(f)(3)	(3) All containers, except movable bins, used for storage of solid wastes shall have tight-fitting covers on the containers; shall be in good repair; shall have external handles; and shall be leakproof and rodent-proof.									
CCR	87303(f)(4)	(4) Movable bins when used for storing or transporting solid wastes from the premises shall have tight-fitting covers on the containers; shall be in good repair; and shall be rodent-proof unless stored in a room or screened enclosure.	YES								
CCR	87303(f)(5)	(5) Solid waste containers, including movable bins, receiving putrescible waste shall be emptied at least once per week or more often if necessary. Such containers shall be maintained in a clean and sanitary condition.									
CCR	87303(f)(6)	(6) Each movable bin shall provide for suitable access and a drainage device to allow complete cleaning at the storage area.	YES								
CCR	87303(g)	(g) Facilities which have machines and do their own laundry shall:									
CCR	87303(g)(1)	(1) Have adequate supplies available and equipment maintained in good repair. Space used to sort soiled linen shall be separate from the clean linen storage and handling area. Except for facilities licensed for fifteen (15) residents or less, the space used to do laundry shall not be part of an area used for storage of anything other than clean linens and/or other supplies normally associated with laundry activities. Steam, odors, lint and objectionable laundry noise shall not reach resident or employee areas.									

CCR	87303(g)(2)	(2) Make at least one machine available for use by residents who are able and who desire to do their own personal laundry. This machine shall be maintained in good repair. Equipment in good repair shall be provided to residents who are capable and desire to iron their own clothes.									
CCR	87303(h)	(h) Emergency lighting shall be maintained. At a minimum this shall include flashlights, or other battery powered lighting, readily available in appropriate areas accessible to residents and staff. Open-flame lights shall not be used.									
CCR	87303(i)	(i) Facilities shall have signal systems which shall meet the following criteria:									
CCR	87303(i)(1)	(1) All facilities licensed for 16 or more and all residential facilities having separate floors or buildings shall have a signal system which shall:									
CCR	87303(i)(1)(A)	(A) Operate from each resident's living unit.									
CCR	87303(i)(1)(B)	(B) Transmit a visual and/or auditory signal to a central staffed location or produce an auditory signal at the living unit loud enough to summon staff.									
CCR	87303(i)(1)(C)	(C) Identify the specific resident living unit.									
CCR	87303(i)(2)	(2) Facilities having more than one wing, floor or building shall be permitted to have a separate system in each, provided each meets the above criteria.									
CCR	87305(a)	Prior to construction or alterations, all facilities shall obtain a building permit.	YES								
CCR	87305(b)	The licensing agency may require the facility to acquire a local building inspection where the agency determines that a suspected hazard to health and safety exists.	YES								
CCR	87204(a)	(a) A licensee shall not operate a facility beyond the conditions and limitations specified on the license, including specification of the maximum number of persons who may receive services at any one time. An exception may be made in the case of catastrophic emergency when the licensing agency may make temporary exceptions to the approved capacity.									
CCR	87204(b)	(b) Resident rooms approved for 24-hour care of ambulatory residents only shall not accommodate nonambulatory residents. Residents whose condition becomes nonambulatory shall not remain in rooms restricted to ambulatory residents.									
CCR	87307(a)	(a) Living accommodations and grounds shall be related to the facility's function. The facility shall be large enough to provide comfortable living accommodations and privacy for the residents, staff, and others who may reside in the facility. The following provisions shall apply:									
CCR	87307(a)(1)	(1) There shall be common rooms such as living rooms, dining rooms, dens or other recreation/activity rooms. They shall be of sufficient space and/or separation to promote and facilitate the program of activities and to prevent such activities from interfering with other functions.									
CCR	87307(a)(2)	(2) Resident bedrooms shall be provided which meet, at a minimum, the following requirements:									
CCR	87307(a)(2)(A)	(A) Bedrooms shall be large enough to allow for easy passage between and comfortable usage of beds and other required items of furniture specified below, and any resident assistant devices such as wheelchairs or walkers.									
CCR	87307(a)(2)(B)	(B) No room commonly used for other purposes shall be used as a sleeping room for any resident. This includes any hall, stairway, unfinished attic, garage, storage area, shed or similar detached building.									
CCR	87307(a)(2)(C)	(C) No bedroom of a resident shall be used as a passageway to another room, bath or toilet.									
CCR	87307(a)(2)(D)	(D) Not more than two residents shall sleep in a bedroom.									
CCR	87307(a)(3)	(3) Equipment and supplies necessary for personal care and maintenance of adequate hygiene practice shall be readily available to each resident. The resident may provide the following items; however, if the resident is unable or chooses not to provide them, the licensee shall assure provision of:									

CCR	87307(a)(3)(A)	(A) A bed for each resident, except that married couples may be provided with one appropriate sized bed. Each bed shall be equipped with good springs, a clean and comfortable mattress, available pillow(s) and lightweight warm bedding. Fillings and covers for mattresses and pillows shall be flame retardant. Rubber sheeting shall be provided when necessary.									
CCR	87307(a)(3)(B)	(B) Bedroom furniture, which shall include, for each resident, a chair, night stand, a lamp, or lights sufficient for reading, and a chest of drawers.									
CCR	87307(a)(3)(C)	(C) Clean linen, including blankets, bedspreads, top bed sheets, bottom bed sheets, pillow cases, mattress pads, bath towels, hand towels and wash cloths. The quantity shall be sufficient to permit changing at least once per week or more often when indicated to ensure that clean linen is in use by residents at all times. The linen shall be in good repair. The use of common wash cloths and towels shall be prohibited.									
CCR	87307(a)(3)(D)	(D) Hygiene items of general use such as soap and toilet paper.									
CCR	87307(a)(3)(E)	(E) Portable or permanent closets and drawer space in the bedrooms for clothing and personal belongings. A minimum of eight (8) cubic feet (.743 cubic meters) of drawer space per resident shall be provided.									
CCR	87307(a)(3)(F)	(F) Basic laundry service (washing, drying, and ironing of personal clothing).									
CCR	87307(b)	(b) Toilets and bathrooms shall be conveniently located. The licensed capacity shall be established based on Section 87158, Capacity, and the following:									
CCR	87307(b)(1)	(1) At least one toilet and washbasin for each six (6) persons, which include residents, family and personnel.									
CCR	87307(b)(2)	(2) At least one bathtub or shower for each ten (10) persons, which includes residents, family and live-in personnel.									
CCR	87307(c)	(c) Individual privacy shall be provided in all toilet, bath and shower areas.									
CCR	87307(d)	(d) The following space and safety provisions shall apply to all facilities:									
CCR	87307(d)(1)	(1) Sufficient room shall be available to accommodate persons served in comfort and safety.									
CCR	87307(d)(2)	(2) The premises shall be maintained in a state of good repair and shall provide a safe and healthful environment.									
CCR	87307(d)(3)	(3) All persons shall be protected against hazards within the facility through provision of the following:									
CCR	87307(d)(3)(A)	(A) Protective devices such as nonslip material on rugs.									
CCR	87307(d)(3)(B)	(B) Information and instruction regarding life protection and other appropriate subjects.									
CCR	87307(d)(4)	(4) Stairways, inclines, ramps and open porches and areas of potential hazard to residents with poor balance or eyesight shall be made inaccessible to residents unless equipped with sturdy hand railings and unless well-lighted.									
CCR	87307(d)(5)	(5) Night lights shall be maintained in hallways and passages to nonprivate bathrooms.									
CCR	87307(d)(6)	(6) All outdoor and indoor passageways and stairways shall be kept free of obstruction.									
CCR	87307(d)(7)	(7) Fireplaces and open-faced heaters shall be adequately screened.									
CCR	87307(e)	(e) Facilities providing services to residents who have physical or mental disabilities shall assure the inaccessibility of fishponds, wading pools, hot tubs, swimming pools or similar bodies of water, when not in active use by residents, through fencing, covering or other means.									

CCR	87308(b)	(b) Administrative offices or area shall be maintained in facilities having a capacity of sixteen (16) persons or more, which includes space for business, administration and admission activities, a reception area and restroom facilities which may be used by visitors. Appropriate equipment shall be available, including a telephone. A private office shall be maintained for the administrator or other professional staff as appropriate.	YES								
CCR	87308(c)	(c) General storage space shall be maintained for equipment and supplies as necessary to ensure that space used to meet other requirements of these regulations is not also used for storage.	YES								
HSC	1569.6991	On and after January 1, 1999, no security window bars may be installed or maintained on any residential care facility for the elderly unless the security window bars meet current state and local requirements, as applicable, for security window bars and safety release devices.									
CCR	87309(a)	(a) Disinfectants, cleaning solutions, poisons, firearms and other items which could pose a danger if readily available to clients shall be stored where inaccessible to clients.									
CCR	87309(a)(1)	(1) Storage areas for poisons, and firearms and other dangerous weapons shall be locked.									
CCR	87309(a)(2)	(2) In lieu of locked storage of firearms, the licensee may use trigger locks or remove the firing pin.									
CCR	87309(a)(2)(A)	(A) Firing pins shall be stored and locked separately from firearms.									
CCR	87309(a)(3)	(3) Ammunition shall be stored and locked separately from firearms.									
CCR	87309(b)	(b) Medicines shall be stored as specified in Section 87465(c) and separately from other items specified in (a) above.									
CCR	87309(c)	(c) The items specified in (a) above shall not be stored in food storage areas or in storage areas used by or for clients.									
CCR	87311	All facilities shall have telephone service on the premises. Facilities with a capacity of sixteen (16) or more persons shall be listed in the telephone directory under the name of the facility.									
CCR	87312	Only drivers licensed for the type of vehicle operated shall be permitted to transport residents. The rated seating capacity of the vehicles shall not be exceeded. Any vehicle used by the facility to transport residents shall be maintained in a safe operating condition.	YES								

Requirement		Operational Requirements	Specialty	In Compliance?			Deficiency Type					
Type	Section	Regulation/Statute Language	Tool	Yes	No	N/A	Type A	Type B	TV	TA	Notes	
CCR	87208(a)	(a) Each facility shall have and maintain a current, written definitive plan of operation. The plan and related materials shall be on file in the facility and shall be submitted to the licensing agency with the license application. Any significant changes in the plan of operation which would affect the services to residents shall be submitted to the licensing agency for approval. The plan and related materials shall contain the following:										
CCR	87208(a)(1)	(1) Statement of purposes and program goals.	YES									
CCR	87208(a)(2)	(2) A copy of the Admission Agreement, containing basic and optional services.	YES									
CCR	87028(a)(3)	(3) Statement of admission policies and procedures regarding acceptance of persons for services.	YES									
CCR	87208(a)(4)	(4) Administrative organization.	YES									
CCR	87208(a)(5)	(5) Staffing plan, qualifications and duties.										
CCR	87208(a)(6)	(6) Plan for training staff, as required by Section 87411(c).										
CCR	87208(a)(7)	(7) Sketches, showing dimensions, of the following:	YES									
CCR	87208(a)(7)(A)	(A) Building(s) to be occupied, including a floor plan that describes the capacities of the buildings for the uses intended and a designation of the rooms to be used for nonambulatory residents and for bedridden residents, other than for a temporary illness or recovery from surgery as specified in Sections 87606(d) and (e).	YES									
CCR	87208(a)(7)(B)	(B) The grounds showing buildings, driveways, fences, storage areas, pools, gardens, recreation area and other space used by the residents.	YES									
CCR	87208(a)(8)	(8) Transportation arrangements for persons served who do not have independent arrangements.	YES									
CCR	87208(a)(9)	(9) A statement whether or not the applicant will handle residents' money or valuables. If money or valuables will be handled, the method for safeguarding pursuant to Sections 87215, Commingling of Money, 87216, Bonding and 87217, Safeguards for Resident Cash, Personal Property, and Valuables.	YES									
CCR	87208(a)(10)	(10) A statement of the facility's policy concerning family visits and other communication with clients, as specified in Health and Safety Code Section 1569.313.	YES									
CCR	87208(a)(11)	(11) If the licensee intends to admit and/or specialize in care for one or more residents who have a documented history of behaviors that may result in harm to self or others, the facility plan of operation shall include a description of precautions that will be taken to protect that resident and all other residents.	YES									
CCR	87208(b)	(b) A licensee who advertises or promotes dementia special care, programming or environments shall include additional information in the plan of operation as specified in Section 87706(a)(2).	YES									
CCR	87208(c)	(c) A licensee who accepts or retains residents diagnosed by a physician to have dementia shall include additional information in the plan of operation as specified in Section 87705(b).	YES									
CCR	87706(a)	(a) In addition to the requirements in Section 87705, Care of Persons with Dementia, licensees who advertise, promote, or otherwise hold themselves out as providing special care, programming, and/or environments for residents with dementia or related disorders shall meet the following requirements:	YES									
CCR	87706(a)(2)	(2) In addition to the requirements specified in Sections 87208(a) and 87705(b), the licensee shall include in the plan of operation a brief narrative description of the following facility features:	YES									
CCR	87706(a)(2)(F)	(F) Staff qualifications. Describe the experience and education required for prospective direct care staff who will provide dementia special care.	YES									

CCR	87706(a)(2)(J)	(J) Success indicators, including procedures to	YES								
CCR	87706(a)(2)(J)3.	3. Assess the program's overall effectiveness/success.	YES								
CCR	87706(a)(2)(J)3.a.	a. Examples of areas that may be reviewed include incident reports, staffing levels, input from others, and resident participation in program activities.	YES								
HSC	1569.33(h)	(h) As a part of the department's evaluation process, the department shall review the plan of operation, training logs, and marketing materials of any residential care facility for the elderly that advertises or promotes special care, special programming, or a special environment for persons with dementia to monitor compliance with Sections 1569.626 and 1569.627.									
CCR	87208(d)	(d) A licensee who accepts or retains bedridden persons shall include additional information in the plan of operation as specified in Section 87606(f).	YES								
CCR	87202(a)	(a) All facilities shall maintain a fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal. Prior to accepting or retaining any of the following types of persons, the applicant or licensee shall notify the licensing agency and obtain an appropriate fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal:									
CCR	87202(a)(1)	(1) Nonambulatory persons.									
CCR	87202(a)(2)	(2) Bedridden persons									
CCR	87203	All facilities shall be maintained in conformity with the regulations adopted by the State Fire Marshal for the protection of life and property against fire and panic.									
CCR	87205(b)	(b) If the licensee is a corporation or an association, the governing body shall be active, and functioning in order to assure accountability.	YES								
CCR	87508(b)	(b) Registers of residents shall be available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. Registers may be removed if necessary for copying. Removal of registers shall be subject to the following requirements:	YES								
CCR	87508(b)(1)	(1) Licensing representatives shall not remove current registers unless the same information is otherwise readily available in another document or format.	YES								
CCR	87508(b)(2)	(2) Prior to removing any registers, a licensing representative shall prepare a list of the registers to be removed, sign and date the list upon removal of the records, and leave a copy of the list with the administrator or designee.	YES								
CCR	87508(b)(3)	(3) Licensing representatives shall return the registers undamaged and in good order within three business days following the date the records were removed.	YES								
CCR	87209(a)	(a)The use of alternate concepts, programs, services, procedures, techniques, equipment, space, personnel qualifications or staffing ratios, or the conduct of experimental or demonstration projects shall not be prohibited by these regulations provided that:	YES								
CCR	87209(a)(1)	(1) Such alternatives shall be carried out with provisions for safe and adequate services.	YES								
CCR	87209(a)(2)	(2) A written request for a waiver or exception and substantiating evidence supporting the request shall be submitted in advance to the licensing agency by the applicant or licensee.	YES								
CCR	87209(a)(3)	(3) Prior written approval of the licensing agency shall be received.	YES								
CCR	87209(a)(3)(A)	(A) In determining the merits of each request, the licensing agency shall use as guidelines the standards utilized or recommended by well-recognized state and national organizations as appropriate.	YES								
CCR	87209(a)(3)(B)	(B) The licensing agency shall provide written approval or denial.	YES								

CCR	87209(b)	(b) Unless prior written approval of the licensing agency is received, all community care facilities shall maintain continuous compliance with the licensing regulations.	YES								
HSC	1569.68	All residential care facilities shall be required to include their current license number in any public advertisement or correspondence.	YES								
HSC	1569.681(a)	(a) Each residential care facility for the elderly licensed under this chapter shall reveal its license number in all advertisements, publications, or announcements made with the intent to attract clients or residents.	YES								
HSC	1569.681(b)	(b) Advertisements, publications, or announcements subject to the requirements of subdivision (a) referred to herein include, but are not limited to, those contained in the following:	YES								
HSC	1569.681(b)(1)	(1) Newspaper or magazine.	YES								
HSC	1569.681(b)(2)	(2) Consumer report.	YES								
HSC	1569.681(b)(3)	(3) Announcement of intent to commence business.	YES								
HSC	1569.681(b)(4)	(4) Telephone directory yellow pages.	YES								
HSC	1569.681(b)(5)	(5) Professional or service directory.	YES								
HSC	1569.681(b)(6)	(6) Radio or television commercial.	YES								
HSC	1569.627	Any residential care facility for the elderly that advertises or promotes special care, special programming, or a special environment for persons with dementia shall disclose to the department the special features of the facility in its plan of operation. This information shall be provided to the public by the facility upon request. The information shall include a brief narrative description of all of the following facility features:									
HSC	1569.627(a)	(a) Philosophy, including, but not limited to, program goals.									
HSC	1569.627(b)	(b) Preadmission assessment.									
HSC	1569.627(c)	(c) Admission.									
HSC	1569.627(d)	(d) Assessment.									
HSC	1569.627(e)	(e) Program.									
HSC	1569.627(f)	(f) Staff.									
HSC	1569.627(g)	(g) Staff Training									
HSC	1569.627(h)	(h) Physical environment.									
HSC	1569.627(i)	(i) Changes in condition, including, but not limited to, when and under what circumstances are changes made to a participant's care plan.									
HSC	1569.627(j)	(j) Success indicators.									
CCR	87206(a)	(a) In accordance with Health and Safety Code Sections 1569.68 and 1569.681, licensees shall reveal each facility license number in all public advertisements, including Internet, or correspondence.	YES								
CCR	87206(b)	(b) Licensees who operate more than one facility and use a common advertisement for these facilities shall be required to list each facility license number in accordance with Health and Safety Code sections 1569.681 and 1569.68.	YES								

HSC	1569.38(a)	(a) Each residential care facility for the elderly shall place in a conspicuous place copies of all licensing reports issued by the department within the preceding 12 months, and all licensing reports issued by the department resulting from the most recent annual visit of the department to the facility. This subdivision shall not apply to any portion of a licensing report referring to a complaint that was found by the department to be unfounded or unsubstantiated. The facility, during the admission process, shall inform the resident and the resident's responsible person in writing that licensing reports are available for review at the facility, and that copies of licensing reports and other documents pertaining to the facility are available from the appropriate district office of the department. The facility shall provide the telephone number and address of the appropriate district office.	YES								
HSC	1569.317	Every residential care facility for the elderly, as defined in Section 1569.2, shall, for the purpose of addressing issues that arise when a resident is missing from the facility, develop and comply with an absentee notification plan as part of the written record of the care the resident will receive in the facility, as described in Section 1569.80. The plan shall include and be limited to the following: a requirement that an administrator of the facility, or his or her designee, inform the resident's authorized representative when that resident is missing from the facility and the circumstances in which an administrator of the facility, or his or her designee, shall notify local law enforcement when a resident is missing from the facility.	YES								
CCR	87211(a)	(a) Each licensee shall furnish to the licensing agency such reports as the Department may require, including, but not limited to, the following:									
CCR	87211(a)(1)	(1) A written report shall be submitted to the licensing agency and to the person responsible for the resident within seven days of the occurrence of any of the events specified in (A) through (D) below. This report shall include the resident's name, age, sex and date of admission; date and nature of event; attending physician's name, findings, and treatment, if any; and disposition of the case.									
CCR	87211(a)(1)(A)	(A) Death of any resident from any cause regardless of where the death occurred, including but not limited to a day program, a hospital, en route to or from a hospital, or visiting away from the facility.									
CCR	87211(a)(1)(B)	(B) Any serious injury as determined by the attending physician and occurring while the resident is under facility supervision.									
CCR	87211(a)(1)(C)	(C) The use of an Automated External Defibrillator.									
CCR	87211(a)(1)(D)	(D) Any incident which threatens the welfare, safety or health of any resident, such as psychological abuse of a resident by staff or other residents, or unexplained absence of any resident.									
CCR	87211(a)(2)	(2) Occurrences, such as epidemic outbreaks, poisonings, catastrophes or major accidents which threaten the welfare, safety or health of residents, personnel or visitors, shall be reported within 24 hours either by telephone or facsimile to the licensing agency and to the local health officer when appropriate.									
CCR	87211(a)(3)	(3) Fires or explosions which occur in or on the premises shall be reported immediately to the local fire authority; in areas not having organized fire services, within 24 hours to the State Fire Marshal; and no later than the next working day to the licensing agency.									
CCR	87211(b)	(b) Any suspected physical abuse that results in serious bodily injury of an elder or dependent adult shall be reported to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within two (2) hours as required by Welfare and Institutions Code Section 15630(b)(1).									
CCR	87211(c)	(c) Any suspected physical abuse that does not result in serious bodily injury of an elder or dependent adult shall be reported to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within twenty-four (24) hours as required by Welfare and Institutions Code Section 15630(b)(1).									
CCR	87211(d)	(d) The licensee shall notify the Department, in writing, within thirty (30) days of the hiring of a new administrator. The notification shall include the following:									

CCR	87211(d)(1)	(1) Name and residence and mailing addresses of the new administrator.										
CCR	87211(d)(2)	(2) Date he/she assumed his/her position.										
CCR	87211(d)(3)	(3) Description of his/her background and qualifications, including documentation of required education and administrator certification.										
CCR	87211(d)(3)(A)	(A) A photocopy of the documentation is acceptable.										
CCR	87211(e)	(e) Any change in the chief corporate officer of an organization, corporation or association shall be reported to the licensing agency in writing within fifteen (15) working days following such change. Such notification shall include the name, address and the fingerprint card of the new chief executive officer, as required by Section 87355, Criminal Record Clearance.										
HSC	1569.175(a)	(a) In addition to any other requirements of this chapter, any residential care facility for the elderly providing residential care for six or fewer persons at which the owner does not reside shall provide a procedure approved by the licensing agency for immediate response to incidents and complaints. This procedure shall include a method of assuring that the owner, licensee, or person designated by the owner or licensee is notified of the incident, that the owner, licensee, or person designated by the owner or licensee has personally investigated the matter, and that the person making the complaint or reporting the incident has received a response of action taken or a reason why no action needs to be taken.	YES									
HSC	1569.605	On and after July 1, 2015, all residential care facilities for the elderly, except those facilities that are an integral part of a continuing care retirement community, shall maintain liability insurance covering injury to residents and guests in the amount of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the total annual aggregate, caused by the negligent acts or omissions to act of, or neglect by, the licensee or its employees.										
HSC	87213	The licensee shall have a financial plan that conforms to the requirements of Section 87155, Application for License, and that assures sufficient resources to meet operating costs for care of residents; shall maintain adequate financial records; and shall submit such financial reports as may be required upon the written request of the licensing agency. Such request shall explain the need for disclosure. The licensing agency reserves the right to reject any financial report and to request additional information or examination including interim financial statements.	YES									
CCR	87215	Money and valuables of residents entrusted to the licensee of one community care facility licensed under a particular license number shall not be commingled with those of another community care facility of a different license number, regardless of joint ownership.										
CCR	87216(a)	(a) Each licensee, other than a county, who is entrusted to safeguard resident cash resources, shall file or have on file with the licensing agency a copy of a bond issued by a surety company to the State of California as principal.										
CCR	87216(a)(1)	(1) The amount of the bond shall be in accordance with the following schedule: Total Safeguarded per Month Bond Required \$750 or less \$1,000 \$751 to \$1,500 \$2,000 \$1,501 to \$2,500 \$3,000 Every further increment of \$1,000 or fraction thereof shall require an additional \$1,000 on the bond.										
CCR	87216(b)	(b) Whenever the licensing agency determines that the amount of the bond is insufficient to adequately protect the money of residents, or whenever the amount of any bond is impaired by any recovery against the bond, the licensing agency may require the licensee to file an additional bond in such amount as the licensing agency determines to be necessary to adequately protect the residents' money.										

CCR	87216(c)	(c) Each application for a license or renewal of license shall be accompanied by an affidavit on a form provided by the licensing agency. The affidavit shall state whether the applicant/licensee will be entrusted/is entrusted to safeguard or control cash resources of persons and the maximum amount of money to be handled for all persons in any month.								
CCR	87216(d)	(d) No licensee shall either handle money of a resident or handle amounts greater than those stated in the affidavit submitted by him or for which his bond is on file without first notifying the licensing agency and filing a new or revised bond as required by the licensing agency.								
CCR	87216(e)	(e) A written request for a variance from the bonding requirement may be made to the licensing agency. Approval by the licensing agency of a variance shall be in writing. The request shall include a signed statement from the licensee indicating:								
CCR	87216(e)(1)	(1) That the bonding requirement is so onerous that as a result the facility will cease to operate.								
CCR	87216(e)(2)	(2) The place of deposit in which the resident's funds are to be held.								
CCR	87216(e)(3)	(3) That withdrawals will be made only on the authorization of the resident or his responsible person.								
CCR	87217(a)	(a) A licensee shall not be required to handle residents' cash resources. However, if a resident incapable of handling his own cash resources, as documented by the initial or subsequent appraisal, is accepted for care, his cash resource shall be safeguarded in accordance with the regulations in this section.								
CCR	87217(b)	(b) Every facility shall take appropriate measures to safeguard residents' cash resources, personal property and valuables which have been entrusted to the licensee or facility staff. The licensee shall give the residents receipts for all such articles or cash resources.								
CCR	87217(c)	(c) Every facility shall account for any cash resources entrusted to the care or control of the licensee or facility staff.								
CCR	87217(c)(1)	(1) Cash resources include but are not limited to monetary gifts, tax credits and/or refunds, earnings from employment or workshops, and personal and incidental need allowances from funding sources such as SSI-SSP.								
CCR	87217(d)	(d) Except as provided in approved continuing care agreements, no licensee or employee of a facility shall:								
CCR	87217(d)(1)	(1) accept appointment as a guardian or conservator of the person and/or estate of any resident;								
CCR	87217(d)(2)	(2) accept any general or special power of attorney for any such person;								
CCR	87217(d)(3)	(3) become substitute payee for any payments made to any persons;								
CCR	87217(d)(3)(A)	(A) This requirement does not apply to a licensee who is appointed by the Social Security Administration as representative payee for the resident.								
CCR	87217(d)(4)	(4) become the joint tenant on any account specified in Section 87217(h) with a resident.								
CCR	87217(e)	(e) Cash resources and valuables of residents which are handled by the licensee for safekeeping shall not be commingled with or used as the facility funds or petty cash, and shall be separate, intact and free from any liability the licensee incurs in the use of his own or the facility's funds and valuables. This does not prohibit the licensee from providing advances or loans to residents from facility money.								
CCR	87217(f)	(f) No licensee or employee of a facility shall make expenditures from residents' cash resources for any basic service specified in this Chapter, or for any basic services identified in a contract/admission agreement between the resident and facility.								
CCR	87217(f)(1)	(1) This requirement does not apply to a licensee who is appointed by the Social Security Administration as representative payee for the resident.								

CCR	87217(g)	(g) Each licensee shall maintain adequate safeguards and accurate records of cash resources and valuables entrusted to his care, including, but not limited to the following:									
CCR	87217(g)(1)	(1) Records of residents' cash resources maintained as a drawing account shall include a ledger accounting (columns for income, disbursements and balance) for each resident, and supporting receipts filed in chronological order. Each accounting shall be kept current.									
CCR	87217(g)(1)(A)	(A) An acceptable receipt where cash is provided to residents from their respective accounts, includes: the resident's signature or mark, or responsible party's full signature, and a statement acknowledging receipt of the amount and date received. An acceptable form of receipt would include: "(full signature of resident) accepts (dollar amount) (amount written in cursive), this date (date), from (payor)."									
CCR	87217(g)(1)(B)	(B) An acceptable receipt where purchases are made for the resident, from his account, is the store receipt.									
CCR	87217(g)(2)	(2) Records of residents' cash resources and other valuables entrusted to the licensee for safekeeping shall include a copy of the receipt furnished to the resident as specified in (b) above or to his responsible person. The receipt provided to the resident for money or valuables entrusted to the licensee shall be original and include the resident's and/or his responsible person's signature.									
CCR	87217(g)(3)	(3) Bank records for transactions of cash resources deposited in and drawn from the account as specified in (h) below.									
CCR	87217(h)	(h) Immediately upon admission, residents' cash resources entrusted to the licensee and not kept in the licensed facility shall be deposited in any type of bank, savings and loan or credit union account, which is maintained separate from the personal or business accounts of the licensee, provided that the account title clearly notes that it is residents' money and the resident has access to the money upon demand to the licensee.									
CCR	87217(h)(1)	(1) Such accounts shall be maintained in a local bank, savings and loan or credit union authorized to do business in California, the deposits of which are insured by a branch of the Federal Government; except, however, that a local public agency may deposit such funds with the public treasurer.									
CCR	87217(h)(2)	(2) Cash resources entrusted to the licensee for residents and kept on the facility premises shall be kept in a locked and secure location.									
CCR	87217(i)	(i) Upon discharge of a resident, all cash resources, personal property and valuables of that resident which have been entrusted to the licensee shall be surrendered to the resident, or his responsible person. A signed receipt shall be obtained.									
CCR	87217(j)	(j) Upon the death of a resident, all cash resources, personal property, and valuables of that resident shall immediately be safeguarded.									
CCR	87217(j)(1)	(1) All cash resources shall be placed in an account as specified in (g) above.									
CCR	87217(j)(2)	(2) The executor or the administrator of the estate shall be notified by the licensee, and the cash resources, personal property, and valuables surrendered to said party.									
CCR	87217(j)(3)	(3) If no executor or administrator has been appointed, the responsible person shall be notified, and the cash resources, personal property, and valuables shall be surrendered to said person in exchange for a signed itemized receipt.									
CCR	87217(j)(4)	(4) If the licensee is unable to notify a responsible party as specified above, immediate written notice of the resident's death shall be given to the public administrator of the county as provided by Section 7600.5 of the California Probate Code.									
CCR	87217(k)	(k) Whenever there is a change of licensee, the licensee shall:									
CCR	87217(k)(1)	(1) notify the licensing agency of any pending change of licensee, and									

CCR	87217(k)(2)	(2) shall provide the licensing agency an accounting of all residents' cash resources, personal property and valuables entrusted to his/her care. Such accounting shall be made on a form provided or approved by the Department.									
CCR	87217(l)	(l) When the licensing agency approves the application for the new licensee, the form specified in (2) above shall be updated, signed by both parties, and forwarded to the licensing agency.									
CCR	87217(m)	(m) All monetary gifts, and any gift exceeding an estimated value of \$100, which are given to a licensee by or on behalf of a resident shall be recorded. The record shall be attached to the account specified in (f) above. This shall not include monetary gifts or valuables given by the friends or relatives of a deceased resident.									
HSC	1569.153	A theft and loss program shall be implemented by the residential care facilities for the elderly within 90 days after January 1, 1989. The program shall include all of the following:									
HSC	1569.153(a)	(a) Establishment and posting of the facility's policy regarding theft and investigative procedures.									
HSC	1569.153(b)	(b) Orientation to the policies and procedures for all employees within 90 days of employment.									
HSC	1569.153(c)	(c) Documentation of lost and stolen resident property with a value of twenty-five dollars (\$25) or more within 72 hours of the discovery of the loss or theft and, upon request, the documented theft and loss record for the past 12 months shall be made available to the State Department of Social Services, law enforcement agencies and to the office of the State Long-Term Care Ombudsman in response to a specific complaint. The documentation shall include, but not be limited to, the following:									
HSC	1569.153(c)(1)	(1) A description of the article.									
HSC	1569.153(c)(2)	(2) Its estimated value.									
HSC	1569.153(c)(3)	(3) The date and time the theft or loss was discovered.									
HSC	1569.153(c)(4)	(4) If determinable, the date and time the loss or theft occurred.									
HSC	1569.153(c)(5)	(5) The action taken.									
HSC	1569.153(d)	(d) A written resident personal property inventory is established upon admission and retained during the resident's stay in the residential care facility for the elderly. Inventories shall be written in ink, witnessed by the facility and the resident or resident's representative, and dated. A copy of the written inventory shall be provided to the resident or the person acting on the resident's behalf. All additions to an inventory shall be made in ink, and shall be witnessed by the facility and the resident or resident's representative, and dated. Subsequent items brought into or removed from the facility shall be added to or deleted from the personal property inventory by the facility at the written request of the resident, the resident's family, a responsible party, or a person acting on behalf of a resident. The facility shall not be liable for items which have not been requested to be included in the inventory or for items which have been deleted from the inventory. A copy of a current inventory shall be made available upon request to the resident, responsible party, or other authorized representative. The resident, resident's family, or a responsible party may list those items which are not subject to addition or deletion from the inventory, such as personal clothing or laundry, which are subject to frequent removal from the facility.									
HSC	1569.153(e)	(e) Inventory and surrender of the resident's personal effects and valuables upon discharge to the resident or authorized representative in exchange for a signed receipt.									

HSC	1569.153(f)	(f) Inventory and surrender of personal effects and valuables following the death of a resident to the authorized representative in exchange for a signed receipt. Immediate written notice to the public administrator of the county upon the death of a resident whose heirs are unable or unwilling to claim the property as specified in Chapter 20 (commencing with Section 1140) of Division 3 of the Probate Code.									
HSC	1569.153(g)	(g) Documentation, at least semiannually, of the facility's efforts to control theft and loss, including the review of theft and loss documentation and investigative procedures and results of the investigation by the administrator and, when feasible, the resident council.									
HSC	1569.153(h)	(h) Establishment of a method of marking, to the extent feasible, personal property items for identification purposes upon admission and, as added to the property inventory list, including engraving of dentures and tagging of other prosthetic devices.									
HSC	1569.153(i)	(i) Reports to the local law enforcement agency within 36 hours when the administrator of the facility has reason to believe resident property with a then current value of one hundred dollars (\$100) or more has been stolen. Copies of those reports for the preceding 12 months shall be made available to the State Department of Social Services and law enforcement agencies.									
HSC	1569.153(j)	(j) Maintenance of a secured area for residents' property which is available for safekeeping of resident property upon the request of the resident or the resident's responsible party. Provide a lock for the resident's bedside drawer or cabinet upon request of and at the expense of the resident, the resident's family, or authorized representative. The facility administrator shall have access to the locked areas upon request.									
HSC	1569.153(k)	(k) A copy of this section and Sections 1569.152 and 1569.154 is provided by a facility to all of the residents and their responsible parties, and, available upon request, to all of the facility's prospective residents and their responsible parties.									
HSC	1569.153(l)	(l) Notification to all current residents and all new residents, upon admission, of the facility's policies and procedures relating to the facility's theft and loss prevention program.									
HSC	1569.153(m)	(m) Only those residential units in which there are no unrelated residents and where the unit can be secured by the resident or residents are exempt from the requirements of this section.									
CCR	87218(a)	(a) The licensee shall ensure an adequate theft and loss program as specified in Health and Safety Code Section 1569.153.									
CCR	87218(a)(1)	(1) The initial personal property inventory shall be completed by the licensee and the resident or the resident's representative.									
CCR	87218(a)(2)	(2) A licensee who fails to make reasonable efforts to safeguard resident property, shall reimburse a resident for or replace stolen or lost resident property at its current value. The licensee shall be presumed to have made reasonable efforts to safeguard resident property if there is clear and convincing evidence of efforts to meet each requirement specified in Section 1569.153.									
CCR	87218(a)(2)(A)	(A) A civil penalty shall be levied if the licensee or facility staff have not implemented a theft and loss program, or if the licensee has not shown clear and convincing evidence of its efforts to meet all of the requirements set forth in Section 1569.153.									
CCR	87218(a)(3)	(3) The facility contract of admission, including all documents a resident or his or her representative must sign as a condition of admission, shall not require or suggest a lesser standard of responsibility for the personal property of residents than the law requires.									
CCR	87222(a)	(a) The licensee shall be permitted to accept emergency placements by an adult protective services (APS) agency, if the licensee has received approval from the Department to provide emergency shelter services.	YES								

CCR	87222(a)(1)	(1) To obtain approval, the licensee shall submit a written request to the Department. The request shall include, but not be limited to, the following:	YES								
CCR	87222(a)(1)(A)	(A) A letter of interest from the county APS agency stating that if the request to provide emergency shelter services is approved, the APS agency may enter into an agreement with the licensee to provide such services.	YES								
CCR	87222(a)(1)(A)1.	1. A copy of the written agreement between the APS agency and the licensee, listing the responsibilities of each party, shall be sent to the Department within seven calendar days of signing.	YES								
CCR	87222(a)(1)(B)	(B) A written addendum to the Plan of Operation, specified in Section 87208, Plan of Operation that includes procedures for the intake of an APS emergency placement. The addendum shall specify how the licensee will meet the needs of a resident placed on an emergency basis, such as on-call staff, additional staff and training.	YES								
CCR	87222(a)(1)(B)1.	1. The procedures shall include, but not be limited to, provisions for a private room.	YES								
CCR	87222(a)(1)(B)1.a.	a. The licensee shall provide a private room for the resident until a pre-admission appraisal of the resident's individual service needs has been completed, specified in Section 87457, Pre-admission Appraisal.	YES								
CCR	87222(a)(1)(B)1.b.	b. The Department may approve an alternative to a private room, such as awake or additional staff, but an alternative shall not be approved if it displaces staff or other residents of the facility.	YES								
CCR	87222(a)(1)(C)	(C) A licensee of a residential care facility for the elderly may accept an adult resident, 18 through 59 years of age, for emergency placement under the following conditions:	YES								
CCR	87222(a)(1)(C)1.	1. The APS agency has written a statement indicating a local need exists for the licensee to accept emergency placements of adults 18 through 59 years of age.	YES								
CCR	87222(a)(1)(C)1.a.	a. The licensee attaches this APS statement of local need [Section 87222(a)(1)(C)1.] to the written request, specified in Section 87222(a)(1).	YES								
CCR	87222(a)(1)(C)1.b.	b. The licensee must request a statement each year from the APS agency, indicating a local need still exists as specified in Section 87222(a)(1)(C)1., and submit the statement to the Department.	YES								
CCR	87222(c)	(c) The licensee shall comply with the regulations in Title 22, Division 6, Chapter 8 (Residential Care Facilities for the Elderly), unless otherwise stated in Section 87222, Requirements for Emergency Adult Protective Services Placements. These regulations include, but are not limited to, the following:	YES								
CCR	87222(c)(1)	(1) The licensee shall not exceed the capacity limitations specified on the license and shall not allow rooms approved only for ambulatory residents to be used by nonambulatory residents, as specified in Section 87204, Limitations - Capacity and Ambulatory Status.	YES								
CCR	87222(c)(2)	(2) The licensee shall meet the requirements in Section 87202 on fire clearance if the licensee has accepted a nonambulatory resident, defined in Section 87101(n).	YES								
CCR	87222(d)	(d) The licensee shall not accept the following persons as APS emergency placements:	YES								
CCR	87222(d)(1)	(1) Individuals with prohibited health conditions [Section 87615, Prohibited Health Conditions].	YES								
CCR	87222(d)(2)	(2) Individuals with restricted health conditions [Section 87612, Restricted Health Conditions].	YES								
CCR	87222(d)(2)(A)	(A) The licensee may accept an APS emergency placement who is incontinent when the requirements in Section 87625, Managed Incontinence, are met.	YES								
CCR	87222(d)(3)	(3) Individuals who are receiving hospice care [Section 87633, Hospice Care for Terminally Ill Residents].	YES								

CCR	87222(d)(4)	(4) Individuals who have active communicable tuberculosis [Section 87455(c)(1)].	YES									
CCR	87222(d)(5)	(5) Individuals who require 24-hour, skilled nursing or intermediate care [Section 87455(c)(2)].	YES									
CCR	87222(d)(6)	(6) Individuals whose primary need for care and supervision results from an ongoing behavior, caused by a mental disorder, that would upset the general resident group [Section 87455(c)(3)(A)].	YES									
CCR	87222(d)(7)	(7) Individuals who are bedridden, as defined in Section 87455(d).	YES									
CCR	87222(e)	(e) If a licensee accepts an APS emergency placement with dementia, the licensee shall meet the requirements in Section 87705, Care of Persons with Dementia.	YES									
CCR	87222(f)	(f) The licensee shall not admit an APS emergency placement unless the APS worker is present at the facility at the time of admission.	YES									
CCR	87222(g)	(g) Prior to acceptance of an APS emergency placement, the licensee shall obtain and keep on file the following information received from the APS worker:	YES									
CCR	87222(g)(1)	(1) Resident's name.	YES									
CCR	87222(g)(2)	(2) Resident's ambulatory status.	YES									
CCR	87222(g)(3)	(3) Name(s) and telephone number(s) of the resident's physician(s).	YES									
CCR	87222(g)(4)	(4) Name(s), business address(es), and telephone number(s) of the APS worker responsible for the resident's placement and the APS case worker, if known.	YES									
CCR	87222(g)(5)	(5) Name, address, and telephone number of any person responsible for the care of the resident, if available.	YES									
CCR	87222(h)	(h) Within seven calendar days of an APS emergency placement, the licensee shall obtain other resident information specified in Section 87506, Resident Records.	YES									
CCR	87222(h)(1)	(1) The resident must have a tuberculosis test [Section 87458(b)(1)] by the seventh day of placement even though the test results may not be available by the seventh day of placement.	YES									
CCR	87222(i)	(i) The licensee shall contact the resident's attending physician or the person authorized to act for the physician to identify all of the resident's prescribed medications and usage instructions [Section 87458(b)(3)] by the next working day, but no later than 72 hours from the initial APS emergency placement.	YES									
CCR	87222(i)(1)	(1) The attending physician or the person acting for the physician shall have access to the resident's records to determine whether the full medication regimen is accounted for and accurate.	YES									
CCR	87222(i)(2)	(2) If medication verification, as specified in Section 87222(i), has not been obtained within 72 hours from the resident's initial placement, the licensee shall contact the APS worker to request that the resident be relocated, as specified in Section 87222(j).	YES									
CCR	87222(j)	(j) The licensee shall contact the APS worker to request that the resident be relocated immediately when the licensee identifies that needs cannot be met or that the resident has a condition specified in Section 87222(d).	YES									
CCR	87222(j)(1)	(1) A licensee cannot retain a resident under age 60 beyond 30 calendar days from initial placement by the APS agency, unless the acceptance and retention requirement provided in Section 87455(b)(6) is met.	YES									
CCR	87222(k)	(k) Within seven calendar days of the licensee making any changes to an agreement with an APS agency, the licensee shall notify the Department in writing of these changes, which may include a renewed agreement, amended language and/or notification of a terminated agreement.	YES									
CCR	87222(l)	(l) All emergency placements are subject to the same record requirements as set forth in Section 87506(d).	YES									

CCR	87223(a)	(a) When a resident must be relocated by Department order whether individual health-condition relocations pursuant to Section 87637, Health Condition Relocation Order, or temporary suspension orders pursuant to Section 87775(c), the licensee shall not obstruct the relocation process and shall cooperate with the Department in the relocation process. Such cooperation shall include, but not be limited to, the following activities:	YES								
CCR	87223(a)(1)	(1) Identifying and preparing for removal of the medications, Medi-Cal or Medicare or other medical insurance documents. clothing, safeguarded cash resources, valuables and other belongings of the resident.	YES								
CCR	87223(a)(2)	(2) Contacting the person responsible for the resident to assist in transporting him or her, if necessary.	YES								
CCR	87223(a)(3)	(3) Contacting other suitable facilities for placement, if necessary.	YES								
CCR	87223(a)(4)	(4) Providing access to resident's files when required by the Department.	YES								
HSC	1569.683(a)	(a) In addition to complying with other applicable regulations, a licensee of a residential care facility for the elderly who sends a notice of eviction to a resident shall set forth in the notice to quit the reasons relied upon for the eviction, with specific facts to permit determination of the date, place, witnesses, and circumstances concerning those reasons. In addition, the notice to quit shall include all of the following:	YES								
HSC	1569.683(a)(1)	(1) The effective date of the eviction.	YES								
HSC	1569.683(a)(2)	(2) Resources available to assist in identifying alternative housing and care options, including public and private referral services and case management organizations.	YES								
HSC	1569.683(a)(3)	(3) Information about the resident's right to file a complaint with the department regarding the eviction, with the name, address, and telephone number of the nearest office of community care licensing and the State Ombudsman.	YES								
HSC	1569.683(a)(4)	(4) The following statement: "In order to evict a resident who remains in the facility after the effective date of the eviction, the residential care facility for the elderly must file an unlawful detainer action in superior court and receive a written judgment signed by a judge. If the facility pursues the unlawful detainer action, you must be served with a summons and complaint. You have the right to contest the eviction in writing and through a hearing."	YES								
HSC	1569.683(b)	(b) The licensee, in addition to either serving a 30-day notice, or seeking approval from the department and serving three days' notice, on the resident, shall notify, or mail a copy of the notice to quit to, the resident's responsible person.	YES								
CCR	87224(a)	(a) The licensee may, upon thirty (30) days written notice to the resident, evict the resident for one or more of the following reasons:	YES								
CCR	87224(a)(1)	(1) Nonpayment of the rate for basic services within ten days of the due date.	YES								
CCR	87224(a)(2)	(2) Failure of the resident to comply with state or local law after receiving written notice of the alleged violation.	YES								
CCR	87224(a)(3)	(3) Failure of the resident to comply with general policies of the facility. Said general policies must be in writing, must be for the purpose of making it possible for residents to live together and must, be made part of the admission agreement.	YES								
CCR	87224(a)(4)	(4) If, after admission, it is determined that the resident has a need not previously identified and a reappraisal has been conducted pursuant to Section 87463, and the licensee and the person who performs the reappraisal believe that the facility is not appropriate for the resident.	YES								
CCR	87224(a)(5)	(5) Change of use of the facility.	YES								

CCR	87224(b)	(b) The licensee may, upon obtaining prior written approval from the licensing agency, evict the resident upon three (3) days written notice to quit. The licensing agency may grant approval for the eviction upon a finding of good cause. Good cause exists if the resident is engaging in behavior which is a threat to the mental and/or physical health or safety of himself or to the mental and/or physical health or safety of others in the facility.	YES								
CCR	87224(c)	(c) The licensee shall, in addition to either serving thirty (30) days' notice or seeking approval from the Department and serving three (3) days' notice on the resident, notify or mail a copy of the notice to quit to the resident's responsible person.	YES								
CCR	87224(d)	(d) The licensee shall set forth in the notice to quit the reasons relied upon for the eviction with specific facts to permit determination of the date, place, witnesses, and circumstances concerning those reasons.	YES								
CCR	87224(d)(1)	(1) The notice to quit shall include the following information:	YES								
CCR	87224(d)(1)(A)	(A) The effective date of the eviction.	YES								
CCR	87224(d)(1)(B)	(B) Resources available to assist in identifying alternative housing and care options which include, but are not limited to, the following:	YES								
CCR	87224(d)(1)(B)1.	1. Referral services that will aid in finding alternative housing.	YES								
CCR	87224(d)(1)(B)2.	2. Case management organizations which help manage individual care and service needs.	YES								
CCR	87224(d)(1)(C)	(C) A statement informing residents of their right to file a complaint with the licensing agency, as specified in Section 87468, subsection (a)(4), including the name, address and telephone number of the licensing office with whom the licensee normally conducts business, and the State Long Term Care Ombudsman office.	YES								
CCR	87224(d)(1)(D)	(D) The following exact statement as specified in Health and Safety Code Section 1569.683(a)(4): "In order to evict a resident who remains in the facility after the effective date of the eviction, the residential care facility for the elderly must file an unlawful detainer action in superior court and receive a written judgment signed by a judge. If the facility pursues the unlawful detainer action, you must be served with a summons and complaint. You have the right to contest the eviction in writing and through a hearing."	YES								
CCR	87224(f)	(f) A written report of any eviction shall be sent to the licensing agency within five (5) days.	YES								
CCR	87224(i)	(i) Nothing in Section 87224 precludes the licensee from initiating the urgent relocation to a licensed health facility of a terminally ill resident receiving hospice services when the resident's condition has changed and a joint determination has been made by the Department, the resident or resident's health care surrogate decision maker, the resident's hospice agency, a physician, and the licensee, that the resident's continued retention in the facility poses a health and safety risk to the resident or any other facility resident.	YES								
CCR	87224(i)(1)	(1) The licensee shall follow the procedures specified in Section 87637(b)(2) to reduce the risk of transfer trauma.	YES								

Requirement			Staffing	Specialty	In Compliance?			Deficiency Type				
Type	Section	Regulation/Statute Language	Tool	Yes	No	N/A	Type A	Type B	TV	TA	Notes	
HSC	1569.618(c)	(c) The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following:										
HSC	1569.618(c)(1)	(1) Provide the care required in each resident's written record of care as described in Section 1569.80.										
HSC	1569.618(c)(2)	(2) Ensure the health, safety, comfort, and supervision of the residents.										
HSC	1569.618(c)(3)	(3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR.										
HSC	1569.618(c)(4)	(4) Ensure that the facility is clean, safe, sanitary, and in good repair at all times.										
CCR	87411(a)	(a) Facility personnel shall at all times be sufficient in numbers, and competent to provide the services necessary to meet resident needs. In facilities licensed for sixteen or more, sufficient support staff shall be employed to ensure provision of personal assistance and care as required in Section 87608, Postural Supports. Additional staff shall be employed as necessary to perform office work, cooking, house cleaning, laundering, and maintenance of buildings, equipment and grounds. The licensing agency may require any facility to provide additional staff whenever it determines through documentation that the needs of the particular residents, the extent of services provided, or the physical arrangements of the facility require such additional staff for the provision of adequate services.										
CCR	87413(a)	(a) In each facility:	YES									
CCR	87413(a)(1)	(1) When regular staff members are absent, there shall be coverage by personnel with qualifications adequate to perform the assigned tasks.	YES									
CCR	87413(a)(2)	(2) Care and supervision of residents shall be provided without physical or verbal abuse, exploitation or prejudice.	YES									
CCR	87413(a)(3)	(3) The licensee shall provide for and encourage all personnel to report observations or evidence of such abuse, exploitation or prejudice.	YES									
CCR	87413(b)	(b) If the facility is licensed for sixteen (16) persons or more, there shall be a dated weekly employee time schedule displayed conveniently for employee reference. The schedule shall contain employee's name, job title, hours of work, and days off.	YES									
CCR	87411(b)	(b) All persons who supervise employees or who supervise or care for residents shall be at least eighteen (18) years of age.										
CCR	87415(a)	(a) The following persons providing night supervision from 10:00 p.m. to 6:00 a.m. shall be familiar with the facility's planned emergency procedures, shall be trained in first aid as required in Section 87465, Incidental Medical and Dental Care Services, and shall be available as indicated below to assist in caring for residents in the event of an emergency:										
CCR	87415(a)(1)	(1) In facilities caring for less than sixteen (16) residents, there shall be a qualified person on call on the premises.										
CCR	87415(a)(2)	(2) In facilities caring for sixteen (16) to one hundred (100) residents at least one employee shall be on duty on the premises, and awake. Another employee shall be on call, and capable of responding within ten minutes.										
CCR	87415(a)(3)	(3) In facilities caring for one hundred one (101) to two hundred (200) residents, one employee shall be on call, on the premises; one employee shall be on duty on the premises and awake; and one employee shall be on call and capable of responding within 10 minutes.										
CCR	87415(a)(4)	(4) Every additional 100 residents, or fraction thereof, shall require an additional one (1) staff person on duty, on the premises and awake.										

CCR	87415(a)(5)	(5) In facilities required to have a signal system, specified in Section 87303, Maintenance and Operation, at least one night staff person shall be located to enable immediate response to the signal system. If the signal system is visual only, that person shall be awake.									
CCR	87415(a)(6)	(6) The requirements of this section shall not prohibit compliance with additional supervisory requirements required by the State Fire Marshal.									
CCR	87411(f)	(f) All personnel, including the licensee and administrator, shall be in good health, and physically and mentally capable of performing assigned tasks. Good physical health shall be verified by a health screening, including a chest x-ray or an intradermal test, performed by a physician not more than six (6) months prior to or seven (7) days after employment or licensure. A report shall be made of each screening, signed by the examining physician. The report shall indicate whether the person is physically qualified to perform the duties to be assigned, and whether he/she has any health condition that would create a hazard to him/herself, other staff members or residents. A signed statement shall be obtained from each volunteer affirming that he/she is in good health. Personnel with evidence of physical illness or emotional instability that poses a significant threat to the well-being of residents shall be relieved of their duties.									
CCR	87411(i)	(i) Residents shall not be used as substitutes for required staff but may, as a voluntary part of their program of activities, participate in household duties and other tasks suited to the resident's needs and abilities.	YES								
HSC	1569.58(g)	(g) A licensee's failure to comply with the department's exclusion order after being notified of the order shall be grounds for disciplining the licensee pursuant to Section 1569.50.									
CCR	87777(a)	(a) The Department may prohibit an individual from serving as a board of directors, executive director, or officer; being employed or allowed in a licensed facility as specified in Health and Safety Code Sections 1569.58 and 1569.59.									
HSC	1569.618(a)	(a) The administrator designated by the licensee pursuant to paragraph (11) of subdivision (a) of Section 1569.15 shall be present at the facility during normal working hours. A facility manager designated by the licensee with notice to the department, shall be responsible for the operation of the facility when the administrator is temporarily absent from the facility.									
HSC	1569.618(b)	(b) At least one administrator, facility manager, or designated substitute who is at least 21 years of age and has qualifications adequate to be responsible and accountable for the management and administration of the facility pursuant to Title 22 of the California Code of Regulations shall be on the premises 24 hours per day. The designated substitute may be a direct care staff member who shall not be required to meet the educational, certification, or training requirements of an administrator. The designated substitute shall meet qualifications that include, but are not limited to, all of the following:									
HSC	1569.618(b)(1)	(1) Knowledge of the requirements for providing care and supervision appropriate to each resident of the facility.									
HSC	1569.618(b)(2)	(2) Familiarity with the facility's planned emergency procedures.									
HSC	1569.618(b)(3)	(3) Training to effectively interact with emergency personnel in the event of an emergency call, including an ability to provide a resident's medical records to emergency responders.									
CCR	87465(j)	(j) In all facilities licensed for sixteen (16) persons or more, one or more employees shall be designated as having primary responsibility for assuring that each resident receives needed first aid and needed emergency medical services and for assisting residents as needed with self-administration of medications. The names of the staff employees so responsible and the designated procedures shall be documented and made known to all residents and staff.	YES								

Requirement		Personnel Records/Staff Training	Specialty	In Compliance?			Deficiency Type				
Type	Section	Regulation/Statute Language	Tool	Yes	No	N/A	Type A	Type B	TV	TA	Notes
CCR	87412(f)	(f) All personnel records shall be available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the following requirements:	YES								
CCR	87412(f)(1)	(1) Licensing representatives shall not remove any current emergency or health-related information for current personnel unless the same information is otherwise readily available in another document or format.	YES								
CCR	87412(f)(2)	(2) Prior to removing any records, a licensing representative shall prepare a list of the records to be removed, sign and date the list upon removal of the records and leave a copy of the list with the administrator or designee.	YES								
CCR	87412(f)(3)	(3) Licensing representatives shall return the records undamaged and in good order within three business days following the	YES								
CCR	87412(g)	(g) All personnel records shall be maintained at the facility.									
CCR	87412(g)(1)	(1) The licensee shall be permitted to retain such records in a central administrative location provided that they are readily available to the licensing agency at the facility as specified in Section 87412(f).									
CCR	87412(h)	(h) All personnel records shall be retained for at least three (3) years following termination of employment.									
CCR	87412(a)	(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information:									
CCR	87412(a)(1)	(1) Employee's full name.									
CCR	87412(a)(2)	(2) Social Security number.									
CCR	87412(a)(3)	(3) Date of employment.									
CCR	87412(a)(4)	(4) Written verification that the employee is at least 18 years of age, including, but not necessarily limited to, a copy of his/her birth certificate or driver's license.									
CCR	87412(a)(5)	(5) Home address and telephone number.									
CCR	87412(a)(6)	(6) Educational background.									
CCR	87412(a)(6)(A)	(A) For administrators this shall include verification that he/she meets the educational requirements in 87405(b) and (c).									
CCR	87412(a)(7)	(7) Past experience, including types of employment and former employers.									
CCR	87412(a)(8)	(8) Type of position for which employed.									
CCR	87412(a)(9)	(9) Termination date if no longer employed by the facility.									
CCR	87412(a)(10)	(10) Reasons for leaving.									
CCR	87412(a)(11)	(11) A health screening as specified in Section 87411, Personnel Requirements - General.									
CCR	87412(a)(12)	(12) Hazardous health conditions documents as specified in Section 87411, Personnel Requirements - General.									
CCR	87412(a)(13)	(13) For employees that are required to be fingerprinted pursuant to Section 80355, Criminal Record Clearance:									
CCR	87412(a)(13)(A)	(A) A signed statement regarding their criminal record history as required by Section 87355(d).									
CCR	87412(a)(13)(B)	(B) Documentation of either a criminal record clearance or a criminal record exemption as required by Section 87355(e).									
CCR	87412(a)(13)(B)1.	1. For Certified Administrators, a copy their current and valid Administrative Certification meets this requirement.									

HSC	1569.17(b)	(b) In addition to the applicant, the provisions of this section shall apply to criminal record clearances and exemptions for the following persons:									
HSC	1569.17(b)(1)(A)	(A) Adults responsible for administration or direct supervision of staff.									
HSC	1569.17(b)(1)(B)	(B) Any person, other than a client, residing in the facility. Residents of unlicensed independent senior housing facilities that are located in contiguous buildings on the same property as a residential care facility for the elderly shall be exempt from these requirements.									
HSC	1569.17(b)(1)(C)	(C) Any person who provides client assistance in dressing, grooming, bathing, or personal hygiene. Any nurse assistant or home health aide meeting the requirements of Section 1338.5 or 1736.6, respectively, who is not employed, retained, or contracted by the licensee, and who has been certified or recertified on or after July 1, 1998, shall be deemed to meet the criminal record clearance requirements of this section. A certified nurse assistant and certified home health aide who will be providing client assistance and who falls under this exemption shall provide one copy of his or her current certification, prior to providing care, to the residential care facility for the elderly. The facility shall maintain the copy of the certification on file as long as the care is being provided by the certified nurse assistant or certified home health aide at the facility. Nothing in this paragraph restricts the right of the department to exclude a certified nurse assistant or certified home health aide from a licensed residential care facility for the elderly pursuant to Section 1569.58.									
HSC	1569.17(b)(1)(D)	(D) Any staff person, volunteer, or employee who has contact with the clients.									
HSC	1569.17(b)(1)(E)	(E) If the applicant is a firm, partnership, association, or corporation, the chief executive officer or other person serving in a similar capacity.									
HSC	1569.17(b)(1)(F)	(F) Additional officers of the governing body of the applicant or other persons with a financial interest in the applicant, as determined necessary by the department by regulation. The criteria used in the development of these regulations shall be based on the person's capability to exercise substantial influence over the operation of the facility.									
HSC	1569.17(b)(2)	(2) The following persons are exempt from requirements applicable under paragraph (1):									
HSC	1569.17(b)(2)(A)	(A) A spouse, relative, significant other, or close friend of a client shall be exempt if this person is visiting the client or provides direct care and supervision to that client only.									
HSC	1569.17(b)(2)(B)	(B) A volunteer to whom all of the following apply:									
HSC	1569.17(b)(2)(B)(i)	(i) The volunteer is at the facility during normal waking hours.									
HSC	1569.17(b)(2)(B)(ii)	(ii) The volunteer is directly supervised by the licensee or a facility employee with a criminal record clearance or exemption.									
HSC	1569.17(b)(2)(B)(iii)	(iii) The volunteer spends no more than 16 hours per week at the facility.									
HSC	1569.17(b)(2)(B)(iv)	(iv) The volunteer does not provide clients with assistance in dressing, grooming, bathing, or personal hygiene.									
HSC	1569.17(b)(2)(B)(v)	(v) The volunteer is not left alone with clients in care.									
HSC	1569.17(b)(2)(C)	(C) A third-party contractor retained by the facility if the contractor is not left alone with clients in care.									
HSC	1569.17(b)(2)(D)	(D) A third-party contractor or other business professional retained by a client and at the facility at the request or by permission of that client. These individuals shall not be left alone with other clients.									
HSC	1569.17(b)(2)(E)	(E) Licensed or certified medical professionals are exempt from fingerprint and criminal background check requirements imposed by community care licensing. This exemption does not apply to a person who is a community care facility licensee or an employee of the facility.									

HSC	1569.17(b)(2)(F)	(F) Employees of licensed home health agencies and members of licensed hospice interdisciplinary teams who have contact with a resident of a residential care facility at the request of the resident or resident's legal decisionmaker are exempt from fingerprint and criminal background check requirements imposed by community care licensing. This exemption does not apply to a person who is a community care facility licensee or an employee of the facility.									
HSC	1569.17(b)(2)(G)	(G) Clergy and other spiritual caregivers who are performing services in common areas of the residential care facility, or who are advising an individual resident at the request of, or with permission of, the resident, are exempt from fingerprint and criminal background check requirements imposed by community care licensing. This exemption does not apply to a person who is a community care facility licensee or an employee of the facility.									
HSC	1569.17(b)(2)(H)	(H) Any person similar to those described in this subdivision, as defined by the department in regulations.									
HSC	1569.17(b)(2)(I)	(I) Nothing in this paragraph shall prevent a licensee from requiring a criminal record clearance of any individual exempt from the requirements of this section, provided that the individual has client contact.									
CCR	87355(d)	(d) All individuals subject to a criminal record review shall be fingerprinted and sign a Criminal Record Statement (LIC 508 [Rev. 1/03]) under penalty of perjury.	YES								
CCR	87355(d)(1)	(1) A person signing the LIC 508 must:	YES								
CCR	87355(d)(1)(A)	(A) Declare whether he/she has been convicted of a crime, other than a minor traffic violation as specified in Section 87355(h) regardless of whether the individual was granted a pardon for the conviction, received an expungement pursuant to Penal Code 1203.4 or the individual's record was sealed as a result of a court order.	YES								
CCR	87355(d)(1)(B)	(B) If convicted of a crime other than a minor traffic violation as specified in Section 87355(h), provide information regarding	YES								
CCR	87355(d)(2)	(2) If the signed statement indicates a conviction for any crime other than a minor traffic violation for which the fine was \$300 or less, the licensee shall immediately notify the Department and the Department shall take appropriate action as specified in 87355(h) The Department shall take the same actions as would be taken in Health and Safety Code section 1569.17(c) if a criminal record transcript had been received.	YES								
CCR	87355(d)(3)	(3) The licensee shall submit these fingerprints to the California Department of Justice, along with a second set of fingerprints for the purpose of searching the records of the Federal Bureau of Investigation, or comply with Section 87355(c), prior to the individual's employment, residence, or initial presence in the facility.	YES								
CCR	87355(e)	(e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility:									
CCR	87355(e)(1)	(1) Obtain a California clearance or a criminal record exemption as required by the Department or									
CCR	87355(e)(2)	(2) Request a transfer of a criminal record clearance as specified in Section 87355(c) or									
CCR	87355(e)(3)	(3) Request and be approved for a transfer of a criminal record exemption, as specified in Section 87356(r), unless, upon request for a transfer, the Department permits the individual to be employed, reside or be present at the facility.									
CCR	87405(d)	The administrator shall have the qualifications specified in Sections 87405(d)(1) through (7). If the licensee is also the administrator, all requirements for an administrator shall apply.	YES								
CCR	87405(d)(6)	(6) Have a high school diploma or equivalent, such as a General Education Development (GED) certificate.	YES								

CCR	87405(e)	(e) The administrator of a facility licensed for sixteen (16) to forty-nine (49) residents shall have completed, with a passing grade, at least fifteen (15) college or continuing education semester or equivalent quarter units; and shall have at least one year's experience providing residential care to the elderly; or equivalent education and experience as approved by the Department.	YES								
CCR	87405(f)	(f) The administrator in facilities licensed for fifty (50) or more shall have two years of college; at least three years experience providing residential care to the elderly; or equivalent education and experience as approved by the licensing agency.	YES								
CCR	87405(g)	(g) Administrators employed/licensed prior to July 1, 1982, shall not be required to comply with the college and continuing education requirements in Section 87405(e) or the college requirements in Section 87405(f) provided that they have no break in employment as a Residential Care Facility for the Elderly administrator exceeding three (3) consecutive years.	YES								
CCR	87412(b)	(b) Personnel records shall be maintained for all volunteers and shall contain the following:									
CCR	87412(b)(1)	(1) A health statement as specified in Section 87411(e).									
CCR	87412(b)(2)	(2) Health screening documents as specified in Section 87411(e).									
CCR	87412(b)(3)	(3) For volunteers that are required to be fingerprinted pursuant to Section 87355, Criminal Record Clearance:									
CCR	87412(b)(3)(A)	(A) A signed statement regarding their criminal record history as required by Section 87355(d).									
CCR	87412(b)(3)(B)	(B) Documentation of either a criminal record clearance or a criminal record exemption as required by Section 87355(e).									
CCR	87355(j)	(j) The licensee shall maintain documentation of criminal record clearances or criminal record exemptions of employees in the individual's personnel file as required in Section 87412, Personnel Records.									
CCR	87355(k)	(k) The licensee shall maintain documentation of criminal record clearances or criminal record exemptions of volunteers that require fingerprinting and non-client adults residing in the facility.									
CCR	87355(k)(1)	(1) Documentation shall be available at the facility for inspection by the Department.									
CCR	87412(e)	(e) In all cases, personnel records shall demonstrate adequate staff coverage necessary for facility operation by documenting the hours actually worked.									
HSC	1569.616(a)(1)	(1) An administrator of a residential care facility for the elderly shall be required to successfully complete a department-approved certification program prior to employment.	YES								
CCR	87406(a)	(a) All individuals shall be residential care facility for the elderly certificate holders prior to being employed as an administrator.	YES								
CCR	87406(a)(1)	(1) Applicants who possess a valid Nursing Home Administrator license, issued by the California Department of Public Health, shall be exempt from completing an approved Initial Certification Training Program and taking a written exam, provided the individual completes twelve (12) hours of classroom instruction in the following Core of Knowledge areas:	YES								
CCR	87406(a)(1)(A)	(A) Four (4) hours of instruction in laws, regulations, policies, and procedural standards that impact the operations of residential care facilities for the elderly, including but not limited to the authority referenced in this Chapter.	YES								
CCR	87406(a)(1)(B)	(B) Four (4) hours of instruction in medication management, including the use, misuse, and interaction of drugs commonly used by the elderly, including antipsychotics, and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia.	YES								

CCR	87406(a)(1)(C)	(C) Four (4) hours of instruction in resident admission, retention, and assessment procedures.	YES								
CCR	87406(a)(2)	(2) Individuals who were both the licensee and administrator on or before July 1, 1991, shall complete an Initial Certification Training Program but shall not be required to take the written exam. Individuals exempted from the written exam shall be issued a conditional certification valid only for the administrator of the facility for which the exemption was granted.	YES								
CCR	87406(a)(2)(A)	(A) As a condition to becoming a certified administrator of another facility, a holder of a conditional certificate issued pursuant to Section 87406(a)(2) shall be required to pass the written exam.	YES								
CCR	87406(a)(2)(B)	(B) As a condition to applying for a new facility license, the holder of a conditional certificate issued pursuant to Section 87406(a)(2) shall be required to pass the written exam.	YES								
CCR	87407(g)	(g) Certificate holders who possess a valid Nursing Home Administrator license shall be required to complete only twenty (20) of the required forty (40) hours of continuing education, but including the requirements of Section 87407(a)(1)-(3).	YES								
CCR	87412(d)	(d) The licensee shall maintain documentation that an administrator has met the certification requirements specified in Section 87406, Administrator Certification Requirements or the recertification requirements in Section 87407, Administrator Recertification Requirements.									
CCR	87411(d)	(d) All personnel shall be given on the job training or have related experience in the job assigned to them. This training and/or related experience shall provide knowledge of and skill in the following, as appropriate for the job assigned and as evidenced by safe and effective job performance:	YES								
CCR	87411(d)(1)	(1) Principles of good nutrition, good food preparation and storage, and menu planning.	YES								
CCR	87411(d)(2)	(2) Housekeeping and sanitation principles.	YES								
CCR	87411(d)(3)	(3) Skill and knowledge required to provide necessary resident care and supervision, including the ability to communicate with residents.	YES								
CCR	87411(d)(4)	(4) Knowledge required to safely assist with prescribed medications which are self-administered.	YES								
CCR	87411(d)(5)	(5) Knowledge necessary in order to recognize early signs of illness and the need for professional help.	YES								
CCR	87411(d)(6)	(6) Knowledge of community services and resources.	YES								
CCR	87412(c)	(c) Licensees shall maintain in the personnel records verification of required staff training and orientation.									
CCR	87412(c)(2)	(2) Documentation of staff training shall include:	YES								
CCR	87412(c)(2)(A)	(A) Trainer's full name;	YES								
CCR	87412(c)(2)(B)	(B) Subject(s) covered in the training;	YES								
CCR	87412(c)(2)(C)	(C) Date(s) of attendance; and	YES								
CCR	87412(c)(2)(D)	(D) Number of training hours per subject.	YES								
CCR	87412(c)(2)(D)1.	1. If the training is provided by a trainer in a classroom setting, documentation shall consist of notices of course completion signed by the trainer.	YES								
CCR	87412(c)(2)(D)2.	2. If the educational hours/units are obtained through an accredited educational institution, documentation	YES								
CCR	87412(c)(2)(D)3.	3. If the educational hours/units are obtained through continuing education, documentation shall include a transcript or official grade slip showing a passing mark, if applicable, or a Certificate of Completion.	YES								
CCR	87613(a)	(a) Prior to admission of a resident with a restricted health condition, the licensee shall:	YES								

CCR	87613(a)(2)	(2) Ensure that facility staff who will participate in meeting the resident's specialized care needs complete training provided by a licensed professional sufficient to meet those needs.	YES								
CCR	87613(a)(2)(A)	(A) Training shall include hands-on instruction in both general procedures and resident-specific procedures.	YES								
CCR	87613(a)(2)(B)	(B) Training shall be completed prior to the staff providing services to the resident.	YES								
CCR	87613(b)	(b) Should the condition of the resident change, all facility staff providing care to that resident shall complete any additional training required to meet the resident's new needs, as determined by the resident's physician or a licensed professional designated by the physician.	YES								
CCR	87625(b)	(b) In addition to Section 87611, General Requirements for Allowable Health Conditions, the licensee shall be responsible for the following:	YES								
CCR	87625(b)(5)	(5) Ensuring that the appropriately skilled professional developing the bowel and/or bladder program provide training to facility staff responsible for implementation of the program.	YES								
HSC	1569.625(b)(1)	(1) The department shall adopt regulations to require staff members of residential care facilities for the elderly who assist residents with personal activities of daily living to receive appropriate training. This training shall consist of 40 hours of training. A staff member shall complete 20 hours, including six hours specific to dementia care, as required by subdivision (a) of Section 1569.626 and four hours specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696, before working independently with residents. The remaining 20 hours shall include six hours specific to dementia care and shall be completed within the first four weeks of employment. The training coursework may utilize various methods of instruction, including, but not limited to, lectures, instructional videos, and interactive online courses. The additional 16 hours shall be hands-on training.									
HSC	1569.625(b)(2)	(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.									
HSC	1569.625(b)(3)	(3) The department shall establish, in consultation with provider organizations, the subject matter required for the training required by this section.									
HSC	1569.625(c)	(c) The training shall include, but not be limited to, all of the following:									
HSC	1569.625(c)(1)	(1) Physical limitations and needs of the elderly.									
HSC	1569.625(c)(2)	(2) Importance and techniques for personal care services.									
HSC	1569.625(c)(3)	(3) Residents' rights.									
HSC	1569.625(c)(4)	(4) Policies and procedures regarding medications.									
HSC	1569.625(c)(5)	(5) Psychosocial needs of the elderly.									
HSC	1569.625(c)(6)	(6) Building and fire safety and the appropriate response to emergencies.									
HSC	1569.625(c)(7)	(7) Dementia care, including the use and misuse of antipsychotics, the interaction of drugs commonly used by the elderly, and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia.									
HSC	1569.625(c)(8)	(8) The special needs of persons with Alzheimer's disease and dementia, including nonpharmacologic, person-centered approaches to dementia care.									
HSC	1569.625(c)(9)	(9) Cultural competency and sensitivity in issues relating to the underserved, aging, lesbian, gay, bisexual, and transgender community.									

CCR	87411(c)(1)	(1) Staff providing care shall receive appropriate training in first aid from persons qualified by such agencies as the American Red Cross.									
CCR	87411(c)(4)	(4) All training shall be conducted by a person who is knowledgeable in a subject that is relevant to the subject area in which training is to be provided, and who satisfies at least one of the following criteria related to education and experience:	YES								
CCR	87411(c)(4)(A)	(A) Both a four-year college degree, graduate degree or professional degree, and two (2) years of experience in an area relevant to caring for the needs of the elderly, or	YES								
CCR	87411(c)(4)(B)	(B) License to work as a health care provider in California, or	YES								
CCR	87411(c)(4)(C)	(C) At least two years of experience in California as an administrator of an RCFE, within the last eight years, and with a record of administering facilities in substantial compliance, as defined in Section 87101(s).	YES								
CCR	87411(c)(6)	(6) The licensee shall maintain documentation pertaining to staff training in the personnel records, as specified in Section 87412(c)(2). For on-the-job training, documentation shall consist of a statement or notation, made by the trainer, of the content covered in the training. Each item of documentation shall include a notation that indicates which of the criteria of Section 87411(c)(3) is met by the trainer.	YES								
HSC	1569.626(a)	(a) All residential care facilities for the elderly shall meet the following training requirements, as described in Section 1569.625, for all direct care staff:									
HSC	1569.626(a)(1)	(1) Twelve hours of dementia care training, six of which shall be completed before a staff member begins working independently with residents, and the remaining six hours of which shall be completed within the first four weeks of employment. All 12 hours shall be devoted to the care of persons with dementia. The facility may utilize various methods of instruction, including, but not limited to, preceptorship, mentoring, and other forms of observation and demonstration. The orientation time shall be exclusive of any administrative instruction.									
HSC	1569.626(a)(2)	(2) Eight hours of in-service training per year on the subject of serving residents with dementia. This training shall be developed in consultation with individuals or organizations with specific expertise in dementia care or by an outside source with expertise in dementia care. In formulating and providing this training, reference may be made to written materials and literature on dementia and the care and treatment of persons with dementia. This training requirement may be satisfied in one day or over a period of time. This training requirement may be provided at the facility or offsite and may include a combination of observation and practical application.									
HSC	1569.696(a)	(a) All residential care facilities for the elderly shall provide training to direct care staff on postural supports, restricted conditions or health services, and hospice care as a component of the training requirements specified in Section 1569.625. The training shall include all of the following:	YES								
HSC	1569.696(a)(1)	(1) Four hours of training on the care, supervision, and special needs of those residents, prior to providing direct care to residents. The facility may utilize various methods of instruction, including, but not limited to, preceptorship, mentoring, and other forms of observation and demonstration. The orientation time shall be exclusive of any administrative instruction.	YES								
HSC	1569.696(a)(2)	(2) Four hours of training thereafter of in-service training per year on the subject of serving those residents.	YES								
HSC	1569.696(b)	(b) This training shall be developed in consultation with individuals or organizations with specific expertise in the care of those residents described in subdivision (a). In formulating and providing this training, reference may be made to written materials and literature. This training requirement may be provided at the facility or offsite and may include a combination of observation and practical application.	YES								

HSC	1569.69(a)	(a) Each residential care facility for the elderly licensed under this chapter shall ensure that each employee of the facility who assists residents with the self-administration of medications meets all of the following training requirements:	YES								
HSC	1569.69(a)(1)	(1) In facilities licensed to provide care for 16 or more persons, the employee shall complete 24 hours of initial training. This training shall consist of 16 hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and 8 hours of other training or instruction, as described in subdivision (f), which shall be completed within the first four weeks of employment.	YES								
HSC	1569.69(a)(2)	(2) In facilities licensed to provide care for 15 or fewer persons, the employee shall complete 10 hours of initial training. This training shall consist of 6 hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and 4 hours of other training or instruction, as described in subdivision (f), which shall be completed within the first two weeks of employment.	YES								
HSC	1569.69(a)(3)	(3) An employee shall be required to complete the training requirements for hands-on shadowing training described in this subdivision prior to assisting any resident in the self-administration of medications. The training and instruction described in this subdivision shall be completed, in their entirety, within the first two weeks of employment.	YES								
HSC	1569.69(a)(4)	(4) The training shall cover all of the following areas:	YES								
HSC	1569.69(a)(4)(A)	(A) The role, responsibilities, and limitations of staff who assist residents with the self-administration of medication, including tasks limited to licensed medical professionals.	YES								
HSC	1569.69(a)(4)(B)	(B) An explanation of the terminology specific to medication assistance.	YES								
HSC	1569.69(a)(4)(C)	(C) An explanation of the different types of medication orders: prescription, over-the-counter, controlled, and other medications.	YES								
HSC	1569.69(a)(4)(D)	(D) An explanation of the basic rules and precautions of medication assistance.	YES								
HSC	1569.69(a)(4)(E)	(E) Information on medication forms and routes for medication taken by residents.	YES								
HSC	1569.69(a)(4)(F)	(F) A description of procedures for providing assistance with the self-administration of medications in and out of the facility, and information on the medication documentation system used in the facility.	YES								
HSC	1569.69(a)(4)(G)	(G) An explanation of guidelines for the proper storage, security, and documentation of centrally stored medications.	YES								
HSC	1569.69(a)(4)(H)	(H) A description of the processes used for medication ordering, refills, and the receipt of medications from the pharmacy.	YES								
HSC	1569.69(a)(4)(I)	(I) An explanation of medication side effects, adverse reactions, errors, the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia, and the increased risk of death when elderly residents with dementia are given antipsychotic medications.	YES								
HSC	1569.69(a)(5)	(5) To complete the training requirements set forth in this subdivision, each employee shall pass an examination that tests the employee's comprehension of, and competency in, the subjects listed in paragraph (4).	YES								
HSC	1569.69(a)(8)	(8) The training requirements of this section shall be repeated if either of the following occur:	YES								
HSC	1569.69(a)(8)(A)	(A) An employee returns to work for the same licensee after a break of service of more than 180 consecutive calendar days.	YES								
HSC	1569.69(a)(8)(B)	(B) An employee goes to work for another licensee in a facility in which he or she assists residents with the self-administration of medication.	YES								

HSC	1569.69(b)	(b) Each employee who received training and passed the examination required in paragraph (5) of subdivision (a), and who continues to assist with the self-administration of medicines, shall also complete eight hours of in-service training on medication-related issues in each succeeding 12-month period.	YES								
HSC	1569.69(d)	(d) Each residential care facility for the elderly that provides employee training under this section shall use the training material and the accompanying examination that are developed by, or in consultation with, a licensed nurse, pharmacist, or physician. The licensed residential care facility for the elderly shall maintain the following documentation for each medical consultant used to develop the training:	YES								
HSC	1569.69(d)(1)	(1) The name, address, and telephone number of the consultant.	YES								
HSC	1569.69(d)(2)	(2) The date when consultation was provided.	YES								
HSC	1569.69(d)(3)	(3) The consultant's organization affiliation, if any, and any educational and professional qualifications specific to medication management.	YES								
HSC	1569.69(d)(4)	(4) The training topics for which consultation was provided.	YES								
HSC	1569.69(e)	(e) Each person who provides employee training under this section shall meet the following education and experience requirements:	YES								
HSC	1569.69(e)(1)	(1) A minimum of five hours of initial, or certified continuing, education or three semester units, or the equivalent, from an accredited educational institution, on topics relevant to medication management.	YES								
HSC	1569.69(e)(2)	(2) The person shall meet any of the following practical experience or licensure requirements:	YES								
HSC	1569.69(e)(2)(A)	(A) Two years of full-time experience, within the last four years, as a consultant with expertise in medication management in areas covered by the training described in subdivision (a).	YES								
HSC	1569.69(e)(2)(B)	(B) Two years of full-time experience, or the equivalent, within the last four years, as an administrator for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.	YES								
HSC	1569.69(e)(2)(C)	(C) Two years of full-time experience, or the equivalent, within the last four years, as a direct care provider assisting with the self-administration of medications for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.	YES								
HSC	1569.69(e)(2)(D)	(D) Possession of a license as a medical professional.	YES								
HSC	1569.69(e)(3)	(3) The licensed residential care facility for the elderly shall maintain the following documentation on each person who provides employee training under this section:	YES								
HSC	1569.69(e)(3)(A)	(A) The person's name, address, and telephone number.	YES								
HSC	1569.69(e)(3)(B)	(B) Information on the topics or subject matter covered in the training.	YES								
HSC	1569.69(e)(3)(C)	(C) The times, dates, and hours of training provided.	YES								
HSC	1569.69(f)	(f) Other training or instruction, as required in paragraphs (1) and (2) of subdivision (a), may be provided offsite, and may use various methods of instruction, including, but not limited to, all of the following:	YES								
HSC	1569.69(f)(1)	(1) Lectures by presenters who are knowledgeable about medication management.	YES								
HSC	1569.69(f)(2)	(2) Video recorded instruction, interactive material, online training, and books.	YES								
HSC	1569.69(f)(3)	(3) Other written or visual materials approved by organizations or individuals with expertise in medication management.	YES								
HSC	1569.69(c)	(c) The requirements set forth in subdivisions (a) and (b) do not apply to persons who are licensed medical professionals.	YES								

HSC	1569.625(d)	(d) This section shall not apply to certified nurse assistants, certified pursuant to Article 9 (commencing with Section 1337) of Chapter 2, licensed vocational nurses, licensed pursuant to Chapter 6.5 (commencing with Section 2840) of Division 2 of the Business and Professions Code, and registered nurses, licensed pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code, except both of the following shall apply:								
HSC	1569.625(d)(1)	(1) A licensed or certified health professional with valid certification shall receive eight hours of training on resident characteristics, resident records, and facility practices and procedures prior to providing direct care to residents.								
HSC	1569.625(d)(2)	(2) In addition to paragraph (1), a certified nurse assistant shall also receive the 12 hours of dementia care training specified in Section 1569.626 and the annual training specified in paragraph (2) of subdivision (b).								

Requirement		Resident Records/Incident Reports	Specialty	In Compliance?			Deficiency Type					
Type	Section	Regulation/Statute Language	Tool	Yes	No	N/A	Type A	Type B	TV	TA	Notes	
HSC	1569.315	Each residential care facility for the elderly required to be licensed pursuant to this chapter shall keep a current record of clients in the facility, including the client's name and ambulatory status, and the name, address, and telephone number of the client's physician and of any person or agency responsible for the care of the client. The facility shall protect the privacy and confidentiality of this information.	YES									
CCR	87506(a)	(a) The licensee shall ensure that a separate, complete, and current record is maintained for each resident in the facility or in a central administrative location readily available to facility staff and to licensing agency staff.										
CCR	87506(b)	(b) Each record shall contain at least the following information:	YES									
CCR	87506(b)(1)	(1) Resident's name and Social Security number.	YES									
CCR	87506(b)(2)	(2) Dates of admission and discharge.	YES									
CCR	87506(b)(3)	(3) Last known address.	YES									
CCR	87506(b)(4)	(4) Birthdate.	YES									
CCR	87506(b)(5)	(5) Religious preference, if any, and name and address of clergyman or religious advisor, if any.	YES									
CCR	87506(b)(6)	(6) Names, addresses, and telephone numbers of responsible persons, as defined in Section 87101(r), to be notified in case of accident, death or other emergency.	YES									
CCR	87506(b)(7)	(7) Name, address and telephone number of physician and dentist to be called in an emergency.	YES									
CCR	87506(b)(8)	(8) Reports of the medical assessment specified in Section 87458 Medical Assessment, and of any special problems or precautions.	YES									
CCR	87506(b)(9)	(9) The documentation required by Section 87611(a) for residents with an allowable health condition.	YES									
CCR	87506(b)(10)	(10) Ambulatory status.	YES									
CCR	87506(b)(11)	(11) Continuing record of any illness, injury, or medical or dental care, when it impacts the resident's ability to function or the services he needs.	YES									
CCR	87506(b)(12)	(12) Current centrally stored medications as specified in Section 87465, Incidental Medical and Dental Care Services.	YES									
CCR	87506(b)(13)	(13) The admission agreement and pre-admission appraisal, specified in Sections 87507, Admission Agreements and 87457, Pre-admission Appraisal.	YES									
CCR	87506(b)(14)	(14) Records of resident's cash resources as specified in Section 87217, Safeguards for Resident Cash, Personal Property, and Valuables.	YES									
CCR	87506(b)(15)	(15) Documents and information required by the following:	YES									
CCR	87506(b)(15)(A)	(A) Section 87457, Pre-Admission Appraisal;	YES									
CCR	87506(b)(15)(B)	(B) Section 87459, Functional Capabilities;	YES									
CCR	87506(b)(15)(C)	(C) Section 87461, Mental Condition;	YES									
CCR	87506(b)(15)(D)	(D) Section 87462, Social Factors;	YES									
CCR	87506(b)(15)(E)	(E) Section 87463, Reappraisals; and	YES									
CCR	87506(b)(15)(F)	(F) Section 87505, Documentation and Support.	YES									
CCR	87506(c)	(c) All information and records obtained from or regarding residents shall be confidential.										

CCR	87506(c)(1)	(1) The licensee shall be responsible for storing active and inactive records and for safeguarding the confidentiality of their contents. The licensee and all employees shall reveal or make available confidential information only upon the resident's written consent or that of his designated representative.									
CCR	87506(d)	(d) All resident records shall be available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the following requirements:	YES								
CCR	87506(d)(1)	(1) Licensing representatives shall not remove the following current records for current residents unless the same information is otherwise readily available in another document or format:	YES								
CCR	87506(d)(1)(A)	(A) Religious preference, if any, and name and address of clergyman or religious advisor, if any, as specified in Section 87506(b)(5).	YES								
CCR	87506(d)(1)(B)	(B) Name, address, and telephone number of responsible person(s) as specified in Section 87506(b)(6).	YES								
CCR	87506(d)(1)(C)	(C) Name, address, and telephone number of the resident's physician and dentist as specified in Section 87506(b)(7).	YES								
CCR	87506(d)(1)(D)	(D) Information relating to the resident's medical assessment and any special problems or precautions as specified in Section 87506(b)(8).	YES								
CCR	87506(d)(1)(E)	(E) Documentation required for residents with an allowable health condition as specified in Section 87506(b)(9).	YES								
CCR	87506(d)(1)(F)	(F) Information on ambulatory status as specified in Section 87506(b)(10).	YES								
CCR	87506(d)(1)(G)	(G) Continuing record of any illness, injury, or medical or dental care when it affects the resident's ability to function, or services needed, as specified in Section 87506(b)(11).	YES								
CCR	87506(d)(1)(H)	(H) Records of current medications as specified in Section 87506(b)(12).	YES								
CCR	87506(d)(1)(I)	(I) Any other records containing current emergency or health-related information for current residents.	YES								
CCR	87506(d)(2)	(2) Prior to removing any records, a licensing representative shall prepare a list of the records to be removed, sign and date the list upon removal of the records, and leave a copy of the list with the administrator or designee.	YES								
CCR	87506(d)(3)	(3) Licensing representatives shall return the records undamaged and in good order within three business days following the date the records were removed.	YES								
CCR	87506(e)	(e) Original records or photographic reproductions shall be retained for a minimum of three (3) years following termination of service to the resident.	YES								
HSC	1569.267(a)	(a) At admission, a facility staff person shall personally advise a resident and the resident's representative of, and give a complete written copy of, the rights in this article and the personal rights in Section 87468 of Title 22 of the California Code of Regulations. The licensee shall have each resident and the resident's representative sign and date a copy of the resident's rights, and the licensee shall include the signed and dated copy in the resident's record.									
CCR	87224(a)	(a) The licensee may, upon thirty (30) days written notice to the resident, evict the resident for one or more of the following reasons:	YES								
CCR	87224(a)(1)	(1) Nonpayment of the rate for basic services within ten days of the due date.	YES								
CCR	87224(a)(2)	(2) Failure of the resident to comply with state or local law after receiving written notice of the alleged violation.	YES								
CCR	87224(a)(3)	(3) Failure of the resident to comply with general policies of the facility. Said general policies must be in writing, must be for the purpose of making it possible for residents to live together and must, be made part of the admission agreement.	YES								

CCR	87224(a)(4)	(4) If, after admission, it is determined that the resident has a need not previously identified and a reappraisal has been conducted pursuant to Section 87463, and the licensee and the person who performs the reappraisal believe that the facility is not appropriate for the resident.	YES								
CCR	87224(a)(5)	(5) Change of use of the facility.	YES								
HSC	1569.154	No provision of a contract of admission, which includes all documents which a resident or his or her representative is required to sign at the time of, or as a condition of, admission to a residential care facility for the elderly, shall require or imply a lesser standard of responsibility for the personal property of residents than is required by law.	YES								
HSC	1569.880(a)	(a) For purposes of this section, an “admission agreement” includes all documents that a resident or his or her representative must sign at the time of, or as a condition of, admission to a residential care facility for the elderly licensed under this chapter.									
HSC	1569.880(b)	(b) The admission agreement shall not include any written attachment containing any provision that is prohibited from being included in the admission agreement.									
HSC	1569.881(a)	(a) Every residential care facility for the elderly shall make blank complete copies of its admission agreement available to the public immediately, subject to time required for copying or mailing, at cost, upon request.									
HSC	1569.881(b)	(b) Every residential care facility for the elderly shall conspicuously post in a location accessible to the public view within the facility either a complete copy of the admission agreement, or a notice of its availability from the facility.									
HSC	1569.882(a)	(a) The admission agreement shall be printed in black type of not less than 12-point type size, on plain white paper. The print shall appear on one side of the paper only.									
HSC	1569.882(b)	(b) The admission agreement shall be written in clear, coherent, and unambiguous language, using words with common and everyday meanings. It shall be appropriately divided, and each section shall be appropriately captioned.									
HSC	1569.883(a)	(a) The admission agreement shall not include unlawful waivers of facility liability for the health and safety or personal property of residents.									
HSC	1569.883(b)	(b) The admission agreement shall not include any provision that the facility knows or should know is deceptive, or unlawful under state or federal law.									
HSC	1569.884	The admission agreement shall include all of the following:									
HSC	1569.884(a)	(a) A comprehensive description of any items and services provided under a single fee, such as a monthly fee for room, board, and other items and services.									
HSC	1569.884(b)	(b) A comprehensive description of, and the fee schedule for, all items and services not included in a single fee. In addition, the agreement shall indicate that the resident shall receive a monthly statement itemizing all separate charges incurred by the resident.									
HSC	1569.884(c)	(c) A facility may assess a separate charge for an item or service only if that separate charge is authorized by the admission agreement. If additional services are available through the facility to be purchased by the resident that were not available at the time the admission agreement was signed, a list of these services and charges shall be provided to the resident or the resident’s representative. A statement acknowledging the acceptance or refusal to purchase the additional services shall be signed and dated by the resident or the resident’s representative and attached to the admission agreement.									
HSC	1569.884(d)	(d) An explanation of the use of third-party services within the facility that are related to the resident’s service plan, including, but not limited to, ancillary, health, and medical services, how they may be arranged, accessed, and monitored, any restrictions on third-party services, and who is financially responsible for the third-party services.									
HSC	1569.884(e)	(e) A comprehensive description of billing and payment policies and procedures.									

HSC	1569.884(f)	(f) The conditions under which rates may be increased pursuant to Section 1569.655.									
HSC	1569.884(g)	(g) The facility's policy concerning family visits and other communication with residents, pursuant to Section 1569.313.									
HSC	1569.884(h)	(h) The facility's policy concerning refunds, including the conditions under which a refund for advanced monthly fees will be returned in the event of a resident's death, pursuant to Section 1569.652.									
HSC	1569.884(i)	(i) Conditions under which the agreement may be terminated.									
HSC	1569.884(j)	(j) An explanation of the facility's responsibility to prepare a relocation evaluation, for each resident and a closure plan and to provide notice in the case of an eviction pursuant to Section 1569.682.									
HSC	1569.885(a)	(a) When referring to a resident's obligation to observe facility rules, the admission agreement shall indicate that the rules must be reasonable, and that there is a facility procedure for suggesting changes in the rules. A facility rule shall not violate any right set forth in this article or in other applicable laws and regulations.									
HSC	1569.885(b)	(b) The admission agreement shall specify that a copy of the facility grievance procedure for resolution of resident complaints about facility practices shall be made available to the resident or his or her representative.									
HSC	1569.885(c)	(c) The admission agreement shall inform a resident of the right to contact the State Department of Social Services, the long-term care ombudsman, or both, regarding grievances against the facility.									
HSC	1569.885(d)	(d) A copy of any applicable resident's rights specified by law or regulation shall be an attachment to all admission agreements.									
HSC	1569.885(e)	(e) The statement of resident's rights attached to admissions agreements by a residential care facility for the elderly shall include information on the reporting of suspected or known elder and dependent adult abuse, as set forth in Section 1569.889.									
HSC	1569.886(a)	(a) The admission agreement shall not include any ground for involuntary transfer or eviction of the resident unless those grounds are specifically enumerated under state law or regulation.									
HSC	1569.886(b)	(b) The admission agreement shall list the justifications for eviction permissible under state law or regulation, exactly as they are worded in the applicable law or regulation.									
HSC	1569.886(c)	(c) The admission agreement shall include an explanation of the resident's right to notice prior to an involuntary transfer, discharge, or eviction, the process by which the resident may appeal the decision and a description of the relocation assistance offered by the facility.									
HSC	1569.886(d)	(d) The admission agreement shall state the responsibilities of the licensee and the rights of the resident when a facility evicts residents pursuant to Section 1569.682.									
HSC	1569.887(a)	(a) The admission agreement shall be signed and dated, acknowledging the contents of the document, by the resident or the resident's representative.									
HSC	1569.887(b)	(b) The licensee shall retain in the resident's file the original signed and dated initial agreement and all subsequent modifications.									
HSC	1569.887(c)	(c) The licensee shall provide a copy of the signed and dated admission agreement to the resident or the resident's representative, if any.									
HSC	1569.887(d)	(d) The admission agreement shall be reviewed at the time of the compliance visit and in response to a complaint involving the admission agreement.									

HSC	1569.889(a)	(a) The personal rights form made available by the department's Community Care Licensing Division to residential care facilities for the elderly shall include a statement regarding procedures for reporting known or suspected elder and dependent adult abuse, including the toll-free telephone number of the State Long-Term Care Ombudsman's CRISISline and a blank space for the telephone number of the nearest approved organization for long-term care ombudsperson activities. A residential care facility for the elderly shall insert in the form's blank space the telephone number of the nearest approved organization for long-term care ombudsperson activities.									
HSC	1569.889(b)	(b) The department's Community Care Licensing Division shall adopt or amend any regulation and revise any document or policy as necessary to implement this section.									
CCR	87464(a)	(a) The services provided by the facility shall be conducted so as to continue and promote, to the extent possible, independence and self-direction for all persons accepted for care. Such persons shall be encouraged to participate as fully as their conditions permit in daily living activities both in the facility and in the community.	YES								
CCR	87464(b)	(b) As used in this chapter, basic services are those services required to be provided in order to obtain and maintain a license.	YES								
CCR	87464(c)	(c) The admission agreement shall specify which of the basic services are desired and/or needed by, and will be provided for, each resident.	YES								
CCR	87464(d)	(d) A facility need not accept a particular resident for care. However, if a facility chooses to accept a particular resident for care, the facility shall be responsible for meeting the resident's needs as identified in the pre-admission appraisal specified in Section 87457, Pre-admission Appraisal and providing the other basic services specified below, either directly or through outside resources.	YES								
CCR	87464(e)	(e) If the resident is an SSI/SSP recipient, then the basic services shall be provided and/or made available at the basic rate at no additional charge to the resident.	YES								
CCR	87464(e)(1)	(1) This shall not preclude the acceptance by the facility of voluntary contributions from relatives or others on behalf of an SSI/SSP recipient.	YES								
CCR	87464(e)(2)	(2) An extra charge to the resident shall be allowed for a private room if a double room is made available but the resident prefers a private room, provided the arrangement is documented in the admissions agreement and the charge is limited to 10% of the Board and Room portion of the SSI/SSP grant.	YES								
CCR	87464(e)(3)	(3) An extra charge to the resident shall be allowed for provision of special food services or products beyond that specified in (f)(2) below, when the resident wishes to purchase the services and agrees to the extra charge in the admission agreement.	YES								
CCR	87464(f)	(f) Basic services shall at a minimum include:	YES								
CCR	87464(f)(1)	(1) Care and supervision as defined in Section 87101(c)(3) and Health and Safety Code section 1569.2(c).	YES								
CCR	87464(f)(2)	(2) Safe and healthful living accommodations and services, as specified in Section 87307, Personal Accommodations and Services.	YES								
CCR	87464(f)(3)	(3) Three nutritionally well-balanced meals and snacks made available daily, including low salt or other modified diets prescribed by a doctor as a medical necessity, as specified in Section 87555, General Food Service Requirements.	YES								
CCR	87464(f)(4)	(4) Personal assistance and care as needed by the resident and as indicated in the pre-admission appraisal, with those activities of daily living such as dressing, eating, bathing, and assistance with taking prescribed medications, as specified in Section 87608, Postural Supports.	YES								
CCR	87464(f)(5)	(5) Regular observation of the resident's physical and mental condition, as specified in Section 87466, Observation of the Resident.	YES								

CCR	87464(f)(6)	(6) Arrangements to meet health needs, including arranging transportation, as specified in Section 87465, Incidental Medical and Dental Care Services.	YES								
CCR	87464(f)(7)	(7) A planned activities program which includes social and recreational activities appropriate to the interests and capabilities of the resident, as specified in Section 87219, Planned Activities.	YES								
CCR	87507(a)	(a) The licensee shall complete an individual written admission agreement, as defined in Section 87101(a), with each resident or the resident's representative, if any									
CCR	87507(a)(1)	(1) The text of the admission agreement, including any attachments and modifications, shall be:									
CCR	87507(a)(1)(A)	(A) Printed in black type of not less than 12-point type size, on plain white paper. The print shall appear on one side of the paper only.									
CCR	87507(a)(1)(B)	(B) Written in clear, understandable, coherent, and unambiguous language, using words with common and everyday meanings, and shall be appropriately divided with each section appropriately titled.									
CCR	87507(b)	(b) The licensee shall complete and maintain in the resident's file a Telecommunications Device Notification form (LIC 9158, 11/04) for each resident whose pre-admission appraisal or medical assessment indicates he/she is deaf, hearing-impaired, or otherwise disabled in accordance with Public Utilities Code sections 2881(a) and (c).									
CCR	87507(c)	(c) Admission agreements shall be signed and dated, acknowledging the contents of the document, by the resident or the resident's representative, if any, and the licensee or the licensee's designated representative no later than seven days following admission. Attachments to the agreement may be utilized as long as they are also signed and dated as prescribed above.									
CCR	87507(d)	(d) The licensee shall retain in the resident's file the original signed and dated admission agreement and all subsequent signed and dated modifications. This does not apply to rate increases which have specific notification requirements as specified in Health and Safety Code section 1569.655.									
CCR	87507(e)	(e) The licensee shall provide a copy of the signed and dated current admission agreement, and all subsequent signed and dated modifications, to the resident or the resident's representative, if any, immediately upon signing the admission agreement or modification. The licensee shall provide additional copies to the resident or resident's representative upon request.									
CCR	87507(e)(1)	(1) The licensee shall provide blank copies of the most current approved admission agreement, modifications and attachments immediately to the public upon request. The licensee may charge fees at cost for copying or mailing the admission agreement.									
CCR	87507(e)(2)	(2) The licensee shall conspicuously post in a location accessible to public view in the facility a complete copy of the approved admission agreement, modifications and attachments, or notice of their availability from the facility.									
CCR	87507(f)	(f) The licensee shall comply with all applicable terms and conditions set forth in the admission agreement, including all modifications and attachments.									
CCR	87507(g)	(g) Admission agreements shall specify the following:									
CCR	87507(g)(1)	(1) Basic services, as defined in Section 87101(b), to be made available.									
CCR	87507(g)(2)	(2) Additional items and services which are available.									
CCR	87507(g)(3)	(3) Payment provisions, including the following:									
CCR	87507(g)(3)(A)	(A) Rate for all basic services which the facility is required to provide in order to obtain and maintain a license. Basic services rate(s), including:									
CCR	87507(g)(3)(A)1.	1. A comprehensive description of any items and services provided under a single fee, such as monthly fee for room, board and other items and services shall be listed.									

CCR	87507(g)(3)(A)2.	2. A comprehensive description of and the corresponding fee schedule for all basic services not included in the single fee shall be listed.									
CCR	87507(g)(3)(A)3.	3. Exempt-income-allowance may be included if the resident agrees to such charge.									
CCR	87507(g)(3)(B)	(B) Rate for additional items and services, including:									
CCR	87507(g)(3)(B)1.	1. A comprehensive description of and the corresponding fee schedule for all additional items and services not included in the fees for basic services shall be listed.									
CCR	87507(g)(3)(B)2.	2. A separate charge for an item or service may be assessed only if that charge is included in and authorized by the admission agreement.									
CCR	87507(g)(3)(B)3.	3. A statement acknowledging any additional items and/or services that the resident refused to purchase at the time the admission agreement was signed, which shall be signed and dated by the resident or the resident's representative, if any, and attached to the admission agreement.									
CCR	87507(g)(3)(B)4.	4. If the licensee offers additional items and/or services that were not available at the time the admission agreement was signed, a list of these services and charges shall be provided to the resident or the resident's representative.									
CCR	87507(g)(3)(B)5.	5. A statement acknowledging the acceptance or refusal to purchase additional services that were not available at the time the admission agreement was signed, which shall be signed and dated by the resident or the resident's representative, if any, shall be attached to the admission agreement.									
CCR	87507(g)(3)(B)6.	6. The use of third-party services within the facility shall be explained as they are related to the resident's service plan, including but not limited to, ancillary health, and medical services, how they may be arranged, accessed and monitored, any restrictions on third-party services, and who is financially responsible for the third-party services.									
CCR	87507(g)(3)(C)	(C) Any fee that is charged prior to or after admission, shall be clearly specified.									
CCR	87507(g)(3)(C)1.	1. If a licensee charges a preadmission fee, the licensee must provide the applicant or his or her representative with a written general statement describing all costs associated with the preadmission fee charges and stating that the preadmission fee is refundable, and describing conditions for the refund.									
CCR	87507(g)(3)(C)2.	2. Only one preadmission fee, as defined in Section 87101(p), may be charged per resident admission.									
CCR	87507(g)(3)(C)3.	3. A recipient under the State Supplementary Program for the Aged, Blind and Disabled Article 5 (commencing with Section 12200) of Chapter 3 of Part 3 of Division 9 of the Welfare and Institutions Code shall not be required to pay any form of preadmission fee or deposit.									
CCR	87507(g)(3)(C)4.	4. A licensee shall not require, request, or accept any funds from a resident or a resident's representative, if any, that constitutes a deposit against any possible damages by the resident.									
CCR	87507(g)(3)(D)	(D) Payor of all items and services.									
CCR	87507(g)(3)(E)	(E) Due Date.									
CCR	87507(g)(3)(F)	(F) Funding source, provided that the resident may refuse to disclose such source.									
CCR	87507(g)(3)(G)	(G) A comprehensive description of billing and payment procedures.									
CCR	87507(g)(3)(H)	(H) A provision indicating that an itemized monthly statement that lists all separate charges incurred by the resident that are collected by the facility shall be provided to the resident or the resident's representative, if any.									
CCR	87507(g)(4)	(4) Modification conditions, including the requirement for the provision of at least 60 days prior written notice to the resident of any rate or rate structure change, or as soon as the licensee is notified of SSI/SSP rate changes.									

CCR	87507(g)(4)(A)	(A) Admission agreements involving persons whose care is funded at government-prescribed rates may specify that operative dates of government modifications shall be considered operative dates for basic service rate modifications.									
CCR	87507(g)(4)(B)	(B) The conditions under which a licensee may increase or change rates shall be specified in the admission agreement, pursuant to Health and Safety Code sections 1569.655 and 1569.657.									
CCR	87507(g)(5)	(5) Refund conditions.									
CCR	87507(g)(5)(A)	(A) Facility policy concerning refunds, including the conditions under which a refund for advanced monthly fees will be returned in the event of a resident's death, pursuant to Health and Safety Code section 1569.652.									
CCR	87507(g)(5)(A)1.	1. Written notice, required pursuant to Health and Safety Code section 1569.652(d), must be made to the individual or entity contractually responsible for the payment of the resident's fees, if that individual or entity is not also the resident's responsible person or other individual or individuals as identified in the admission agreement.									
CCR	87507(g)(5)(B)	(B) When the Department orders relocation of a resident under the provisions of Section 87223, the resident shall not be held responsible for meeting any advance notice requirement imposed by the licensee in the admission agreement. The licensee shall refund any money to which the resident would have been entitled had notice been given as required by the admission agreement.									
CCR	87507(g)(5)(C)	(C) The licensee shall refund any prepaid monthly fees to a resident or the resident's representative, if any, as follows:									
CCR	87507(g)(5)(C)1.	1. If a licensee forfeits the license upon the sale or transfer of the facility resulting in the resident's transfer, as specified in Health and Safety Code section 1569.682(a), the licensee surrenders the license or the licensee abandons the facility.									
CCR	87507(g)(5)(C)2.	2. If there is a change of use of the facility pursuant to Section 87224(a)(5).									
CCR	87507(g)(5)(D)	(D) The refund of prepaid monthly fees for any condition listed in (C)1. and (C)2. above shall be given as specified below:									
CCR	87507(g)(5)(D)1.	1. If the resident provides notice five days before the resident leaves the facility, the proportional daily amount of any prepaid monthly fee(s) shall be refunded at the time the resident leaves the facility and the unit is vacated.									
CCR	87507(g)(5)(D)2.	2. If the resident does not provide the above 5-day notice the licensee shall refund a proportional daily amount of any prepaid monthly fee(s) within seven days from the date that the resident leaves the facility and the unit is vacated.									
CCR	87507(g)(5)(E)	(E) Preadmission fees shall be refunded according to the following conditions:									
CCR	87507(g)(5)(E)1.	1. A 100 percent refund of a preadmission fee shall be provided to an applicant or the applicant's representative if:									
CCR	87507(g)(5)(E)1.a.	a. The applicant decides not to enter the facility prior to the facility completing a preadmission appraisal as defined in Section 87457.									
CCR	87507(g)(5)(E)1.b.	b. The licensee fails to provide full written disclosure of preadmission fee charges and refund conditions.									
CCR	87507(g)(5)(E)2.	2. Unless Section 87507(g)(5)(E)1. applies, paid preadmission fees that are greater than five hundred dollars (\$500) shall be refunded to an applicant, resident, or the applicant/resident's representative in the following manner:									
CCR	87507(g)(5)(E)2.a.	a. A refund of at least 80 percent of the preadmission fee in excess of \$500 shall be provided if the applicant does not enter the facility after a preadmission appraisal is conducted, or the resident leaves the facility for any reason during the first month of residency.									
CCR	87507(g)(5)(E)2.b.	b. A refund of at least 60 percent of the preadmission fee in excess of \$500 shall be provided if the resident leaves the facility for any reason during the second month of residency.									

CCR	87507(g)(5)(E)2.c.	c. A refund of at least 40 percent of the preadmission fee in excess of \$500 shall be provided if the resident leaves the facility for any reason during the third month of residency.									
CCR	87507(g)(5)(E)2.d.	d. If the resident has lived in the facility for four or more months, the licensee may, but is not required to, make a refund of the preadmission fee.									
CCR	87507(g)(5)(E)3.	3. Notwithstanding Section 87507(g)(5)(E)1., paid preadmission fees greater than five hundred dollars (\$500) shall be refunded to a resident or the resident's representative as follows:									
CCR	87507(g)(5)(E)3.a.	a. If a licensee forfeits the license upon the sale or transfer of the facility resulting in the resident's transfer, as specified in Health and Safety Code section 1569.682(a), the licensee surrenders the license, the licensee abandons the facility, or if there is a change of use of the facility pursuant to Section 87224(a)(5):									
CCR	87507(g)(5)(E)3.a.i.	i. A 100 percent refund shall be provided if preadmission fees in excess of \$500 were paid within six months of the eviction notice.									
CCR	87507(g)(5)(E)3.a.ii.	ii. A 75 percent refund shall be provided if preadmission fees in excess of \$500 were paid more than six but not more than 12 months before the eviction notice.									
CCR	87507(g)(5)(E)3.a.iii.	iii. A 50 percent refund shall be provided if preadmission fees in excess of \$500 were paid more than 12 but not more than 18 months before the eviction notice.									
CCR	87507(g)(5)(E)3.a.iv.	iv. A 25 percent refund shall be provided if preadmission fees in excess of \$500 were paid more than 18 but less than 25 months before the eviction notice.									
CCR	87507(g)(5)(E)3.a.v.	v. No preadmission refund is required if preadmission fees were paid 25 months or more before the eviction notice.									
CCR	87507(g)(5)(E)3.b.	b. If a resident transfers from the facility due to a notice of temporary suspension or revocation of a license, paid preadmission fees shall be refunded as specified in Health and Safety Code Section 1569.525(f).									
CCR	87507(g)(5)(E)3.c.	c. Refunds required by Section 87507(g)(5)(E)3. shall be paid within 15 days of issuing the notice. The resident may request that the licensee provide a credit towards the resident's monthly fees in lieu of the preadmission fee refund.									
CCR	87507(g)(6)	(6) The Department or licensing agency's authority to examine residents' records as a part of their evaluation of the facility.									
CCR	87507(g)(7)	(7) The facility's policy concerning family visits and other communication with residents, pursuant to Health and Safety Code section 1569.313.									
CCR	87507(g)(8)	(8) General facility policies that are for the purpose of making it possible for residents to live together.									
CCR	87507(g)(8)(A)	(A) All facility policies shall be reasonable, and shall not violate any applicable rights, laws or regulations.									
CCR	87507(g)(8)(B)	(B) Procedures for residents to suggest changes to facility policies shall be specified.									
CCR	87507(g)(9)	(9) Notification of the availability of the facility grievance procedure(s) to address and resolve resident complaints regarding facility practices.									
CCR	87507(g)(10)	(10) The requirements pertaining to the involuntary transfer or eviction of residents, including:									
CCR	87507(g)(10)(A)	(A) The actions, circumstances, or conditions listed in Section 87224, Eviction Procedures, that may result in the resident's eviction from the facility. Except for general facility policies developed pursuant to Section 87224(a)(3), the eviction provisions shall not be modified.									
CCR	87507(g)(10)(B)	(B) Only those grounds specified under state law or regulation that allow for an involuntary transfer or eviction of a resident. Grounds not specified under state law or regulation shall not be included.									
CCR	87507(g)(10)(C)	(C) The justification, worded exactly as shown in the applicable state law or regulation, that permits an eviction.									

CCR	87507(g)(10)(D)	(D) An explanation of the resident's right to notice prior to an involuntary transfer, discharge, or eviction as specified in Health and Safety Code sections 1569.682 and 1569.683.									
CCR	87507(g)(10)(E)	(E) The process by which the resident may file a complaint with the department regarding the eviction as specified in Health and Safety Code sections 1569.682(a)(2)(E) and 1569.683(a)(3).									
CCR	87507(g)(10)(F)	(F) The relocation assistance offered by the licensee.									
CCR	87507(g)(10)(G)	(G) The rights of the resident and the responsibilities of the licensee regarding closure plans, relocation evaluations and assistance, and providing notice when a licensee evicts residents as specified in Health and Safety Code sections 1569.682 and 1569.683.									
CCR	87507(g)(11)	(11) Other conditions under which the agreement may be terminated.									
CCR	87507(g)(12)	(12) A resident's right to contact the State Department of Social Services, the long-term care ombudsman, or both, regarding grievances against the facility.									
CCR	87507(h)	(h) The admission agreement shall not contain the following:									
CCR	87507(h)(1)	(1) Any provision that is prohibited from being included in the admission agreement.									
CCR	87507(h)(2)	(2) Written or oral agreements to waive facility responsibility or liability for the health, safety or the personal property of residents, or the provision of safe and healthful facilities, equipment and accommodations.									
CCR	87507(h)(3)	(3) Any provision that the facility knows or should know is deceptive or unlawful under applicable state or federal law.									
CCR	87507(h)(4)	(4) Any provision that violates the rights of any residents including but not limited to those specified in Section 87468 and in Health and Safety Code section 1569 et seq.									
CCR	87507(i)	(i) The admission agreement shall not require advance notice for its termination upon the death of the resident									
CCR	87507(j)	(j) No licensee shall enter into any continuing care contract with any person without approval by the Department in accordance with Health and Safety Code, Chapter 10, Division 2.									
CCR	87507(k)	(k) The admission agreement shall be reviewed at the time of the compliance visit and in response to a complaint involving the admission agreement.									
CCR	87507(l)	(l) The licensee shall attach a copy of applicable resident's rights specified by law or regulation to all admission agreements, and shall include information on the reporting of suspected or known elder and dependent abuse, as set forth in Health and Safety Code Section 1569.889.									
CCR	87706(a)	(a) In addition to the requirements in Section 87705, Care of Persons with Dementia, licensees who advertise, promote, or otherwise hold themselves out as providing special care, programming, and/or environments for residents with dementia or related disorders shall meet the following requirements:	YES								
CCR	87706(a)(3)	(3) The admission agreement, as specified in Section 87507(c), shall inform the resident or representative and the resident's responsible person, if any, or the conservator, that the facility features, as specified in Section 87706(a)(2), are described in the facility's plan of operation and that the plan of operation is available for review upon request.	YES								
HSC	1569.651(d)	(d) Any fee charged by a licensee of a residential care facility for the elderly, whether prior to or after admission, shall be clearly specified in the admission agreement.	YES								
HSC	1569.651(e)	(e) For the purposes of this section, "preadmission fee" means an application fee, processing fee, admission fee, entrance fee, community fee, or other fee, however designated, that is requested or accepted by a licensee of a residential care facility for the elderly prior to admission.	YES								

HSC	1569.159	<p>The State Department of Social Services shall provide to residential care facilities for the elderly a form, which the residential care facility for the elderly shall attach to each resident admission agreement, notifying the resident that he or she is entitled to obtain services and equipment from the telephone company. The form shall include the following information:</p> <p>“Any hearing or speech impaired, or otherwise disabled resident of any residential care facility for the elderly is entitled to equipment and service by the telephone company, pursuant to Section 2881 of the Public Utilities Code, to improve the quality of their telecommunications. Any resident who has a declaration from a licensed professional, or a state or federal agency pursuant to Section 2881 of the Public Utilities Code, that he or she is hearing or speech impaired, or otherwise disabled should contact the local telephone company and ask for assistance in obtaining this equipment and service.”</p> <p>This section shall not be construed to require, in any way, the licensee to provide a separate telephone line for any resident.</p>	YES									
CCR	87508(a)	(a) The licensee shall ensure that a current register of all residents in the facility is maintained and contains the following updated information:										
CCR	87508(a)(1)	(1) The resident's name and ambulatory status as specified in Section 87506(b)(1) and (b)(10).										
CCR	87508(a)(2)	(2) Information on the resident's attending physician as specified in Section 87506(b)(7).										
CCR	87508(a)(3)	(3) Information on the resident's responsible person as specified in Section 87506(b)(6).										
CCR	87508(b)	(b) Registers of residents shall be available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. Registers may be removed if necessary for copying. Removal of registers shall be subject to the following requirements:										
CCR	87508(b)(1)	(1) Licensing representatives shall not remove current registers unless the same information is otherwise readily available in another document or format.	YES									
CCR	87508(b)(2)	(2) Prior to removing any registers, a licensing representative shall prepare a list of the registers to be removed, sign and date the list upon removal of the records, and leave a copy of the list with the administrator or designee.	YES									
CCR	87508(b)(3)	(3) Licensing representatives shall return the registers undamaged and in good order within three business days following the date the records were removed.	YES									
CCR	87508(c)	(c) The register of current residents shall be kept in a central location at the facility.										
CCR	87508(c)(1)	(1) The register shall be treated as confidential information pursuant to Section 87506(c).										
CCR	87456(a)	(a) Prior to accepting a resident for care and in order to evaluate his/her suitability, the facility shall, as specified in this article 8:	YES									
CCR	87456(a)(1)	(1) Conduct an interview with the applicant and his responsible person.	YES									
CCR	87456(a)(2)	(2) Perform a pre-admission appraisal.	YES									
CCR	87456(a)(3)	(3) Obtain and evaluate a recent medical assessment.	YES									
CCR	87456(a)(4)	(4) Execute the admissions agreement.	YES									
CCR	87457(a)	a) Prior to admission, the prospective resident and his/her responsible person, if any, shall be interviewed by the licensee or the employee responsible for facility admissions.	YES									
CCR	87457(a)(1)	(1) Sufficient information about the facility and its services shall be provided to enable all persons involved in the placement to make an informed decision regarding admission.	YES									

CCR	87457(a)(2)	(2) The prospective resident's desires regarding admission, and his/her background, including any specific service needs, medical background and functional limitations shall be discussed.	YES									
CCR	87457(b)	(b) No person shall be admitted without his/her consent and agreement, or that of his/her responsible person, if any.	YES									
CCR	87457(c)	(c) Prior to admission a determination of the prospective resident's suitability for admission shall be completed and shall include an appraisal of his/her individual service needs in comparison with the admission criteria specified in Section 87455, Acceptance and Retention Limitations.	YES									
CCR	87457(c)(1)	(1) The appraisal shall include, at a minimum, an evaluation of the prospective resident's functional capabilities, mental condition and an evaluation of social factors as specified in Sections 87459, Functional Capabilities and 87462, Social Factors.	YES									
CCR	87457(c)(1)(A)	(A) The licensee shall be permitted to use the form LIC 603 (Rev. 6/87), Preplacement Appraisal Information, to document the appraisal.	YES									
CCR	87457(c)(2)	(2) Except as provided in Section 87638(g)(3), if an initial appraisal or any reappraisal identifies an individual resident service need which is not being met by the general program of facility services, advice shall then be obtained from a physician, social worker, or other appropriate consultant to determine if the needs can be met by the facility. If so, the licensee and the consultant shall develop a plan of action which shall include:	YES									
CCR	87457(c)(2)(A)	(A) Objectives, within a time frame, which relate to the resident's problems and/or unmet needs.	YES									
CCR	87457(c)(2)(B)	(B) Plans for meeting the objectives.	YES									
CCR	87457(c)(2)(C)	(C) Identification of any individuals or agencies responsible for implementing each part of the plan.	YES									
CCR	87457(c)(2)(D)	(D) Method of evaluating progress.	YES									
CCR	87457(c)(3)	(3) The prospective resident, or his/her responsible person, if any, shall be involved in the development of the appraisal.	YES									
CCR	87457(c)(4)	(4) If a needs assessment has already been completed by a placement agency or consultant, this shall be obtained and included in the facilities appraisal.	YES									
CCR	87458(a)	(a) Prior to a person's acceptance as a resident, the licensee shall obtain and keep on file, documentation of a medical assessment, signed by a physician, made within the last year. The licensee shall be permitted to use the form LIC 602 (Rev. 9/89), Physician's Report, to obtain the medical assessment.	YES									
CCR	87458(b)	(b) The medical assessment shall include, but not be limited to:	YES									
CCR	87458(b)(1)	(1) A physical examination of the resident indicating the physician's primary diagnosis and secondary diagnosis, if any and results of an examination for communicable tuberculosis, other contagious/infectious or contagious diseases or other medical conditions which would preclude care of the person by the facility.	YES									
CCR	87458(b)(2)	(2) Documentation of prior medical services and history and current medical status including, but not limited to height, weight, and blood pressure.	YES									
CCR	87458(b)(3)	(3) A record of current prescribed medications, and an indication of whether the medication should be centrally stored, pursuant to Section 87465(h)(1).	YES									
CCR	87458(b)(4)	(4) Identification of physical limitations of the person to determine his/her capability to participate in the programs provided by the licensee, including any medically necessary diet limitations.	YES									
CCR	87458(b)(5)	(5) The determination whether the person is ambulatory or nonambulatory as defined in Section 87101(a) or (n), or bedridden as defined in Section 87455(d). The assessment shall indicate whether nonambulatory status is based upon the resident's physical condition, mental condition or both.	YES									

CCR	87458(b)(6)	(6) Information applicable to the pre-admission appraisal specified in Section 87457, Pre-admission Appraisal.	YES								
CCR	87458(c)	(c) The licensee shall obtain an updated medical assessment when required by the Department.	YES								
CCR	87459(a)	(a) The facility shall assess the person's need for personal assistance and care by determining his/her ability to perform specified activities of daily living. Such activities shall include, but not be limited to:	YES								
CCR	87459(a)(1)	(1) Bathing, including need for assistance:	YES								
CCR	87459(a)(1)(A)	(A) In getting in and out of the bath.	YES								
CCR	87459(a)(1)(B)	(B) In bathing one or more parts of the body.	YES								
CCR	87459(a)(1)(C)	(C) Through use of grab bars.	YES								
CCR	87459(a)(2)	(2) Dressing and grooming, including the need for partial or complete assistance.	YES								
CCR	87459(a)(3)	(3) Toileting, including the need for:	YES								
CCR	87459(a)(3)(A)	(A) Assistance equipment.	YES								
CCR	87459(a)(3)(B)	(B) Assistance of another person.	YES								
CCR	87459(a)(4)	(4) Transferring, including the need for assistance in moving in and out of a bed or chair.	YES								
CCR	87459(a)(5)	(5) Continence, including:	YES								
CCR	87459(a)(5)(A)	(A) Bowel and bladder control.	YES								
CCR	87459(a)(5)(B)	(B) Whether assistive devices such as a catheter are used.	YES								
CCR	87459(a)(6)	(6) Eating, including the need for:	YES								
CCR	87459(a)(6)(A)	(A) Adaptive devices.	YES								
CCR	87459(a)(6)(B)	(B) Assistance from another person.	YES								
CCR	87459(a)(7)	(7) Physical condition, including:	YES								
CCR	87459(a)(7)(A)	(A) Vision.	YES								
CCR	87459(a)(7)(B)	(B) Hearing.	YES								
CCR	87459(a)(7)(C)	(C) Speech.	YES								
CCR	87459(a)(7)(D)	(D) Walking with or without equipment or other assistance.	YES								
CCR	87459(a)(7)(E)	(E) Dietary limitations.	YES								
CCR	87459(a)(7)(F)	(F) Medical history and problems.	YES								
CCR	87459(a)(7)(G)	(G) Need for prescribed medications.	YES								
CCR	87463(a)	(a) The pre-admission appraisal shall be updated, in writing as frequently as necessary to note significant changes and to keep the appraisal accurate. The reappraisals shall document changes in the resident's physical, medical, mental, and social condition. Significant changes shall include but not be limited to:	YES								
CCR	87463(a)(1)	(1) A physical trauma such as a heart attack or stroke.	YES								
CCR	87463(a)(2)	(2) A mental/social trauma such as the loss of a loved one.	YES								
CCR	87463(a)(3)	(3) Any illness, injury, trauma, or change in the health care needs of the resident that results in a circumstance or condition specified in Sections 87455(c) or 87615, Prohibited Health Conditions.	YES								
CCR	87463(b)	(b) The licensee shall immediately bring any such changes to the attention of the resident's physician and his family or responsible person.	YES								

CCR	87463(c)	(c) The licensee shall arrange a meeting with the resident, the resident's representative, if any, appropriate facility staff, and a representative of the resident's home health agency, if any, when there is significant change in the resident's condition, or once every 12 months, whichever occurs first, as specified in Section 87467, Resident Participation in Decision Making.	YES								
CCR	87505	Each facility shall document in writing the findings of the pre-admission appraisal and any reappraisal or assessment which was necessary in accordance with Sections 87457, Pre-Admission Appraisal, and 87463, Reappraisals. If supporting documentation from a physician is required, this input shall also be obtained and may be the same assessment as required in Section 87458, Medical Assessment.	YES								
CCR	87467(a)	(a) Prior to, or within two weeks of the resident's admission, the licensee shall arrange a meeting with the resident, the resident's representative, if any, appropriate facility staff, and a representative of the resident's home health agency, if any, and any other appropriate parties, to prepare a written record of the care the resident will receive in the facility, and the resident's preferences regarding the services provided at the facility.	YES								
CCR	87467(a)(1)	(1) At a minimum the written record shall include the date of the meeting, name of individuals who participated and their relationship to the resident, and the agreed-upon services to be provided to the resident.	YES								
CCR	87467(a)(2)	(2) If the resident has a regular physician, the licensee shall send a copy of the record to the physician.	YES								
CCR	87467(a)(3)	(3) The licensee shall arrange a meeting with the resident and appropriate individuals identified in Section 87467(a)(1) to review and revise the written record as specified, when there is a significant change in the resident's condition, or once every 12 months, whichever occurs first. Significant changes shall include, but not be limited to occurrences specified in Section 87463, Reappraisals.	YES								
CCR	87467(a)(4)	(4) The meeting and documentation described in this section may be used to satisfy the reappraisal requirements of Section 87463, Reappraisals.	YES								
CCR	87705(a)	(a) This section applies to licensees who accept or retain residents diagnosed by a physician to have dementia. Mild cognitive impairment, as defined in Section 87101(m), is not considered to be dementia.	YES								
CCR	87707(b)	(b) Licensees who will discontinue advertising, promoting, or otherwise holding themselves out as providing special care, programming, and/or environments for residents with dementia or related disorders shall:	YES								
CCR	87707(b)(3)	(3) On the date specified in the notification, remove all written references that indicate that the licensee provides dementia special care, programming, and/or environments from all promotional material, advertisements, and/or printed material, including admission agreements and the plan of operation.	YES								
CCR	87611(b)	(b) The licensee shall complete and maintain a current, written record of care for each resident that includes, but is not limited to, the following:	YES								
CCR	87611(b)(1)	(1) Documentation from the physician of the following:	YES								
CCR	87611(b)(1)(A)	(A) Stability of the medical condition(s);	YES								
CCR	87611(b)(1)(B)	(B) Medical condition(s) which require incidental medical services;	YES								
CCR	87611(b)(1)(C)	(C) Method of intervention;	YES								
CCR	87611(b)(1)(D)	(D) Resident's ability to perform the procedure; and	YES								
CCR	87611(b)(1)(E)	(E) An appropriately skilled professional shall be identified who will perform the procedure if the resident needs assistance.	YES								
CCR	87611(b)(2)	(2) The names, address and telephone number of vendors, if any, and all appropriately skilled professionals providing services.	YES								
CCR	87611(b)(3)	(3) Emergency contacts.	YES								

CCR	87222(g)	(g) Prior to acceptance of an APS emergency placement, the licensee shall obtain and keep on file the following information received from the APS worker:	YES									
CCR	87222(g)(1)	(1) Resident's name.	YES									
CCR	87222(g)(2)	(2) Resident's ambulatory status.	YES									
CCR	87222(g)(3)	(3) Name(s) and telephone number(s) of the resident's physician(s).	YES									
CCR	87222(g)(4)	(4) Name(s), business address(es), and telephone number(s) of the APS worker responsible for the resident's placement and the APS case worker, if known.	YES									
CCR	87222(g)(5)	(5) Name, address, and telephone number of any person responsible for the care of the resident, if available.	YES									
CCR	87222(h)	(h) Within seven calendar days of an APS emergency placement, the licensee shall obtain other resident information specified in Section 87506, Resident Records.	YES									
CCR	87222(h)(1)	(1) The resident must have a tuberculosis test [Section 87458(b)(1)] by the seventh day of placement even though the test results may not be available by the seventh day of placement.	YES									
CCR	87222(i)	(i) The licensee shall contact the resident's attending physician or the person authorized to act for the physician to identify all of the resident's prescribed medications and usage instructions [Section 87458(b)(3)] by the next working day, but no later than 72 hours from the initial APS emergency placement.	YES									
CCR	87222(i)(1)	(1) The attending physician or the person acting for the physician shall have access to the resident's records to determine whether the full medication regimen is accounted for and accurate.	YES									
CCR	87222(i)(2)	(2) If medication verification, as specified in Section 87222(i), has not been obtained within 72 hours from the resident's initial placement, the licensee shall contact the APS worker to request that the resident be relocated, as specified in Section 87222(j).	YES									
HSC	1569.725(a)	(a) A residential care facility for the elderly may permit incidental medical services to be provided through a home health agency, licensed pursuant to Chapter 8 (commencing with Section 1725), when all of the following conditions are met:	YES									
HSC	1569.725(a)(1)	(1) The facility, in the judgment of the department, has the ability to provide the supporting care and supervision appropriate to meet the needs of the resident receiving care from a home health agency.	YES									
HSC	1569.725(a)(2)	(2) The home health agency has been advised of the regulations pertaining to residential care facilities for the elderly and the requirements related to incidental medical services being provided in the facility.	YES									
HSC	1569.725(a)(3)	(3) There is evidence of an agreed-upon protocol between the home health agency and the residential care facility for the elderly. The protocol shall address areas of responsibility of the home health agency and the facility and the need for communication and the sharing of resident information related to the home health care plan. Resident information may be shared between the home health agency and the residential care facility for the elderly relative to the resident's medical condition and the care and treatment provided to the resident by the home health agency including, but not limited to, medical information, as defined by the Confidentiality of Medical Information Act, Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.	YES									
HSC	1569.725(a)(4)	(4) There is ongoing communication between the home health agency and the residential care facility for the elderly about the services provided to the resident by the home health agency and the frequency and duration of care to be provided.	YES									

CCR	87217(h)	(h) Immediately upon admission, residents' cash resources entrusted to the licensee and not kept in the licensed facility shall be deposited in any type of bank, savings and loan or credit union account, which is maintained separate from the personal or business accounts of the licensee, provided that the account title clearly notes that it is residents' money and the resident has access to the money upon demand to the licensee.	YES								
HSC	1569.658(a)	(a) On or before January 31 of each year, the licensee of a licensed residential care facility for the elderly shall prepare a document disclosing its average monthly rate increases, inclusive of rates for living units and service fees, for each of the previous 3 years. For purposes of this section, "service fees" do not include fees for optional services or services provided by a third party. The licensee shall disclose the average amount of the increase, as well as the average percentage of increase. Newly licensed facilities without three years of resident rate increase history shall disclose the average increase for the years during which the facility has been serving residents. This section does not apply to newly licensed facilities with no current residents.	YES								
HSC	1569.658(b)	(b) The licensee shall provide a written copy of the disclosure required by this section to every resident or resident's representative, upon signing an admission agreement to receive residential or other services from the facility. The resident or resident's representative shall sign a confirmation of receipt of the disclosure, which shall be maintained by the facility in the resident's file.	YES								
HSC	1569.658(c)	(c) The licensee shall provide a copy of the most recent disclosure required by this section to any prospective resident, or his or her representative.	YES								
HSC	1569.658(d)	(d) This section shall not apply to a licensee of a residential care facility for the elderly that has obtained a certificate of authority to offer a continuing care contract, as defined in paragraph (5) of subdivision (c) of Section 1771.	YES								

Requirement		Resident Rights/Information	Specialty	In Compliance?			Deficiency Type				
Type	Section	Regulation/Statute Language	Tool	Yes	No	N/A	Type A	Type B	TV	TA	Notes
HSC	1569.267(b)	(b) Licensees shall prominently post, in areas accessible to the residents and their representatives, a copy of the residents' rights.									
HSC	1569.267(c)	(c) The rights posted pursuant to subdivision (b) shall be posted both in English and in any other language in a facility in which 5 percent or more of the residents can only read that other language.									
HSC	1569.33(i)(1)	(1) The department shall design, or cause to be designed, a poster that contains information on the appropriate reporting agency in case of a complaint or emergency.									
HSC	1569.33(i)(2)	(2) Each residential care facility for the elderly shall post this poster in the main entryway of its facility.									
CCR	87468(c)	(c) Facilities licensed for seven (7) or more shall prominently post, in areas accessible to the residents and their relatives, the following:									
CCR	87468(c)(1)	(1) Procedures for filing confidential complaints.									
CCR	87468(c)(2)	(2) A copy of these rights or, in lieu of a posted copy, instructions on how to obtain additional copies of these rights.									
CCR	87468(d)	(d) The information in (c) above shall be posted in English, and in facilities where a significant portion of the residents cannot read English, in the language they can read.									
CCR	87468(b)	(b) At admission, a resident and the resident's responsible person or conservator shall be personally advised of and given a list of these rights. The licensee shall have each resident and the resident's responsible person or conservator sign a copy of these rights, and the signed copy shall be included in the resident's record.									
HSC	1569.80(a)	A resident of a residential care facility for the elderly, or the resident's representative, or both, shall have the right to participate in decisionmaking regarding the care and services to be provided to the resident. Accordingly, prior to, or within two weeks after, the resident's admission, the facility shall coordinate a meeting with the resident and the resident's representative, if any, an appropriate member or members of the facility's staff, if the resident is receiving home health services in the facility, a representative of the home health agency involved, and any other appropriate parties. The facility shall ensure that participants in the meeting prepare a written record of the care the resident will receive in the facility, and the resident's preferences regarding the services provided at the facility.	YES								
HSC	1569.318	Every residential care facility for the elderly shall abide by the provisions of the Lesbian, Gay, Bisexual, and Transgender Long-Term Care Facility Residents' Bill of Rights (Chapter 2.45 (commencing with Section 1439.50)).	YES								
HSC	1569.269(a)	(a) Residents of residential care facilities for the elderly shall have all of the following rights:									
HSC	1569.269(a)(1)	(1) To be accorded dignity in their personal relationships with staff, residents, and other persons.									
HSC	1569.269(a)(2)	(2) To be granted a reasonable level of personal privacy in accommodations, medical treatment, personal care and assistance, visits, communications, telephone conversations, use of the Internet, and meetings of resident and family groups.									
HSC	1569.269(a)(3)	(3) To confidential treatment of their records and personal information and to approve their release, except as authorized by law.									
HSC	1569.269(a)(4)	(4) To be encouraged and assisted in exercising their rights as citizens and as residents of the facility. Residents shall be free from interference, coercion, discrimination, and retaliation in exercising their rights.									

HSC	1569.269(a)(5)	(5) To be accorded safe, healthful, and comfortable accommodations, furnishings, and equipment.									
HSC	1569.269(a)(6)	(6) To care, supervision, and services that meet their individual needs and are delivered by staff that are sufficient in numbers, qualifications, and competency to meet their needs.									
HSC	1569.269(a)(7)	(7) To be served food of the quality and in the quantity necessary to meet their nutritional needs.									
HSC	1569.269(a)(8)	(8) To make choices concerning their daily life in the facility.									
HSC	1569.269(a)(9)	(9) To fully participate in planning their care, including the right to attend and participate in meetings or communications regarding the care and services to be provided in accordance with Section 1569.80, and to involve persons of their choice in the planning process. The licensee shall provide necessary information and support to ensure that residents direct the process to the maximum extent possible, and are enabled to make informed decisions and choices.									
HSC	1569.269(a)(10)	(10) To be free from neglect, financial exploitation, involuntary seclusion, punishment, humiliation, intimidation, and verbal, mental, physical, or sexual abuse.									
HSC	1569.269(a)(11)	(11) To present grievances and recommend changes in policies, procedures, and services to the staff of the facility, the facility's management and governing authority, and to any other person without restraint, coercion, discrimination, reprisal, or other retaliatory actions. The licensee shall take prompt actions to respond to residents' grievances.									
HSC	1569.269(a)(12)	(12) To contact the State Department of Social Services, the long-term care ombudsman, or both, regarding grievances against the licensee. The licensee shall post the telephone numbers and addresses for the local offices of the State Department of Social Services and ombudsman program, in accordance with Section 9718 of the Welfare and Institutions Code, conspicuously in the facility foyer, lobby, residents' activity room, or other location easily accessible to residents.									
HSC	1569.269(a)(13)	(13) To be fully informed, as evidenced by the resident's written acknowledgement, prior to or at the time of admission, of all rules governing residents' conduct and responsibilities. In accordance with Section 1569.885, all rules established by a licensee shall be reasonable and shall not violate any rights set forth in this chapter or in other applicable laws or regulations.									
HSC	1569.269(a)(14)	(14) To receive in the admission agreement a comprehensive description of the method for evaluating residents' service needs and the fee schedule for the items and services provided, and to receive written notice of any rate increases pursuant to Sections 1569.655 and 1569.884.									
HSC	1569.269(a)(15)	(15) To be informed in writing at or before the time of admission of any resident retention limitations set by the state or licensee, including any limitations or restrictions on the licensee's ability to meet residents' needs.									
HSC	1569.269(a)(16)	(16) To reasonable accommodation of individual needs and preferences in all aspects of life in the facility, except when the health or safety of the individual or other residents would be endangered.									
HSC	1569.269(a)(17)	(17) To reasonable accommodation of resident preferences concerning room and roommate choices.									
HSC	1569.269(a)(18)	(18) To written notice of any room changes at least 30 days in advance unless the request for a change is agreed to by the resident, required to fill a vacant bed, or necessary due to an emergency.									
HSC	1569.269(a)(19)	(19) To share a room with the resident's spouse, domestic partner, or a person of resident's choice when both spouses, partners, or residents live in the same facility and consent to the arrangement.									

HSC	1569.269(a)(20)	(20) To select their own physicians, pharmacies, privately paid personal assistants, hospice agency, and health care providers, in a manner that is consistent with the resident's contract of admission or other rules of the facility, and in accordance with this act.									
HSC	1569.269(a)(21)	(21) To have prompt access to review all of their records and to purchase photocopies. Photocopied records shall be promptly provided, not to exceed two business days, at a cost not to exceed the community standard for photocopies.									
HSC	1569.269(a)(22)	(22) To be protected from involuntary transfers, discharges, and evictions in violation of state laws and regulations. Facilities shall not involuntarily transfer or evict residents for grounds other than those specifically enumerated under state law or regulations, and shall comply with enumerated eviction and relocation protections for residents. For purposes of this paragraph, "involuntary" means a transfer, discharge, or eviction that is initiated by the licensee, not by the resident.									
HSC	1569.269(a)(23)	(23) To move from a facility.									
HSC	1569.269(a)(24)	(24) To consent to have relatives and other individuals of the resident's choosing visit during reasonable hours, privately and without prior notice.									
HSC	1569.269(a)(25)	(25) To receive written information on the right to establish an advanced health care directive and, pursuant to Section 1569.156, the licensee's written policies on honoring those directives.									
HSC	1569.269(a)(26)	(26) To be encouraged to maintain and develop their fullest potential for independent living through participation in activities that are designed and implemented for this purpose, in accordance with Section 87219 of Title 22 of the California Code of Regulations.									
HSC	1569.269(a)(27)	(27) To organize and participate in a resident council that is established pursuant to Section 1569.157.									
HSC	1569.269(a)(28)	(28) To protection of their property from theft or loss in accordance with Sections 1569.152, 1569.153, and 1569.154.									
HSC	1569.269(a)(29)	(29) To manage their financial affairs. A licensee shall not require residents to deposit their personal funds with the licensee. Except as provided in approved continuing care agreements, a licensee, or a spouse, domestic partner, relative, or employee of a licensee, shall not do any of the following:									
HSC	1569.269(a)(29)(A)	(A) Accept appointment as a guardian or conservator of the person or estate of a resident.									
HSC	1569.269(a)(29)(B)	(B) Become or act as a representative payee for any payments made to a resident, without the written and documented consent of the resident or the resident's representative.									
HSC	1569.269(a)(29)(C)	(C) Serve as an agent for a resident under any general or special power of attorney.									
HSC	1569.269(a)(29)(D)	(D) Become or act as a joint tenant on any account with a resident.									
HSC	1569.269(a)(29)(E)	(E) Enter into a loan or promissory agreement or otherwise borrow money from a resident without a notarized written agreement outlining the terms of the repayment being given to the resident.									
HSC	1569.269(a)(30)	(30) To keep, have access to, and use their own personal possessions, including toilet articles, and to keep and be allowed to spend their own money, unless limited by statute or regulation.									
HSC	1569.269(b)	(b) A licensed residential care facility for the elderly shall not discriminate against a person seeking admission or a resident based on sex, race, color, religion, national origin, marital status, registered domestic partner status, ancestry, actual or perceived sexual orientation, or actual or perceived gender identity.									

HSC	1569.269(c)	(c) No provision of a contract of admission, including all documents that a resident or his or her representative is required to sign as part of the contract for, or as a condition of, admission to a residential care facility for the elderly, shall require that a resident waive benefits or rights to which he or she is entitled under this chapter or provided by federal or other state law or regulation.									
CCR	87468(a)	(a) Each resident shall have personal rights which include, but are not limited to, the following:									
CCR	87468(a)(1)	(1) To be accorded dignity in his/her personal relationships with staff, residents, and other persons.									
CCR	87468(a)(2)	(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment.									
CCR	87468(a)(3)	(3) To be free from corporal or unusual punishment, humiliation, intimidation, mental abuse, or other actions of a punitive nature, such as withholding of monetary allowances or interfering with daily living functions such as eating or sleeping patterns or elimination.									
CCR	87468(a)(4)	(4) To be informed by the licensee of the provisions of law regarding complaints and of procedures to confidentially register complaints, including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency.									
CCR	87468(a)(5)	(5) To have the freedom of attending religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis.									
CCR	87468(a)(6)	(6) To leave or depart the facility at any time and to not be locked into any room, building, or on facility premises by day or night. This does not prohibit the establishment of house rules, such as the locking of doors at night, for the protection of residents; nor does it prohibit, with permission of the licensing agency, the barring of windows against intruders.									
CCR	87468(a)(7)	(7) To visit the facility prior to residence along with his/her family and responsible persons.									
CCR	87468(a)(8)	(8) To have his/her family or responsible persons regularly informed by the facility of activities related to his care or services including ongoing evaluations, as appropriate to the resident's needs.									
CCR	87468(a)(9)	(9) To have communications to the facility from his/her family and responsible persons answered promptly and appropriately.									
CCR	87468(a)(10)	(10) To be informed of the facility's policy concerning family visits and other communications with residents, as specified in Health and Safety Code Section 1569.313.									
CCR	87468(a)(11)	(11) To have his/her visitors, including ombudspersons and advocacy representatives permitted to visit privately during reasonable hours and without prior notice, provided that the rights of other residents are not infringed upon.									
CCR	87468(a)(12)	(12) To wear his/her own clothes; to keep and use his/her own personal possessions, including his/her toilet articles; and to keep and be allowed to spend his/her own money.									
CCR	87468(a)(13)	(13) To have access to individual storage space for private use.									
CCR	87468(a)(14)	(14) To have reasonable access to telephones, to both make and receive confidential calls. The licensee may require reimbursement for long distance calls.									
CCR	87468(a)(15)	(15) To mail and receive unopened correspondence in a prompt manner.									
CCR	87468(a)(16)	(16) To receive or reject medical care, or other services.									
CCR	87468(a)(17)	(17) To receive assistance in exercising the right to vote.									

CCR	87468(a)(18)	(18) To move from the facility.										
HSC	1569.313	Each residential care facility for the elderly shall state, on its client information form or admission agreement, and on its patient's rights form, the facility's policy concerning family visits and other communication with resident clients and shall promptly post notice of its visiting policy at a location in the facility that is accessible to residents and families. The facility's policy concerning family visits and communication shall be designed to encourage regular family involvement with the resident client and shall provide ample opportunities for family participation in activities at the facility.										
HSC	1569.157(a)	(a) Every licensed residential care facility for the elderly, at the request of two or more residents, shall assist the residents in establishing and maintaining a single resident council at the facility. The resident council shall be composed of residents of the facility. Family members, resident representatives, advocates, long-term care ombudsman program representatives, facility staff, or others may participate in resident council meetings and activities at the invitation of the resident council.										
HSC	1569.157(b)	(b) A resident council may, among other things, make recommendations to facility administrators to improve the quality of daily living and care in the facility and to promote and protect residents' rights.										
HSC	1569.157(c)	(c) If a resident council submits written concerns or recommendations, the facility shall respond in writing regarding any action or inaction taken in response to those concerns or recommendations within 14 calendar days.										
HSC	1569.157(d)	(d) Facility policies on resident councils shall not limit the right of residents to meet independently with outside persons or facility personnel.										
HSC	1569.157(e)	(e) Each resident council member shall be informed by the facility of his or her right to be interviewed as part of the regulatory inspection process.										
HSC	1569.157(f)	(f) Facilities shall promote resident councils as follows:										
HSC	1569.157(f)(1)	(1) If a facility has a resident council, the facility shall inform new residents of the existence of the resident council. The facility shall also provide information on the time, place, and dates of resident council meetings and the resident representative to contact regarding involvement in the resident council.										
HSC	1569.157(f)(2)	(2) If a facility has a resident council and a licensed capacity of 16 or more, the facility shall appoint a designated staff liaison to assist the resident council, make a room available for resident council meetings, and post meeting information in a central location readily accessible to residents, relatives, and resident representatives.										
HSC	1569.157(f)(3)	(3) If a facility does not have a resident council, upon admission, the facility shall provide written information on the resident's right to form a resident council to the resident and the resident representative, as indicated in the admissions agreement.										
HSC	1569.157(f)(4)	(4) Upon request, and with the permission of the resident council, the facility shall share the name and contact information of the designated representative of the resident council with the long-term care ombudsman program.										
HSC	1569.157(g)	(g) A facility shall not willfully interfere with the formation, maintenance, or promotion of a resident council, or its participation in the regulatory inspection process. For the purposes of this subdivision, willful interference shall include, but not be limited to, discrimination or retaliation in any way against an individual as a result of his or her participation in a resident council, refusal to publicize resident council meetings or provide appropriate space for either meetings or a bulletin board, or failure to respond to written requests by the resident council in a timely manner.										
HSC	1569.157(h)	(h) The text of this section with the heading "Rights of Resident Councils" shall be posted in a prominent place at the facility accessible to residents, family members, and resident representatives.										

HSC	1569.157(i)	(i) A violation of this section shall not be subject to the provisions of Section 1569.40. A violation of this section shall constitute a violation of resident rights. A facility that violates this section shall be subject to a daily civil penalty of two hundred fifty dollars (\$250) until the violation is corrected. A violation shall be deemed to have been corrected on the date the facility submits documentation of the correction to the department if the correction is verified by the department.									
HSC	1569.269(d)	(d) Residents' family members, friends, and representatives have the right to organize and participate in a family council that is established pursuant to Section 1569.158.									
HSC	1569.158(a)	(a) A residential care facility for the elderly shall not prohibit the formation of a family council. When requested by a member of the resident's family or the resident representative, a family council shall be allowed to meet in a common meeting room of the facility during mutually agreed upon hours.									
HSC	1569.158(b)	(b) Facility policies on family councils shall in no way limit the right of residents and participants in a family council to meet independently with outside persons, including members of nonprofit or government organizations or with facility personnel during nonworking hours.									
HSC	1569.158(c)	(c) "Family council" for the purpose of this section means a meeting of family members, friends, representatives, or agents as defined in Section 14110.8 of the Welfare and Institutions Code of two or more residents to confer in private without facility staff.	YES								
HSC	1569.158(d)	(d) Family councils shall be provided adequate space on a prominent bulletin board or other posting area for the display of meeting notices, minutes, information, and newsletters.									
HSC	1569.158(e)	(e) Facility personnel or visitors may attend a family council meeting only at the family council's invitation.									
HSC	1569.158(f)	(f) If a family council submits written concerns or recommendations, the facility shall respond in writing regarding any action or inaction taken in response to the concerns or recommendations within 14 calendar days.									
HSC	1569.158(g)(1)	(1) If a facility has a family council, the facility shall include notice of the family council and its meetings to family members and resident representatives in routine mailings and shall inform family members and resident representatives of new and current residents who are identified on the admissions agreement during the admissions process or in the resident's records, of the existence of the family council, the time and place of meetings of the family council, and the name of the family council representative.									
HSC	1569.158(g)(2)	(2) If a facility does not have a family council, the facility shall provide, upon admission of a new resident, written information to the resident's family or resident representative of their right to form a family council.									
HSC	1569.158(g)(3)	(3) Upon request, and with the permission of the family council, the facility shall share the name and contact information of the designated representative of the family council with the long-term care ombudsman program.									
HSC	1569.158(h)	(h) If a facility has a family council and a licensed capacity of 16 or more, the facility shall appoint a designated staff liaison who shall be responsible for providing assistance to the family council and responding to written requests that result from family council meetings.									
HSC	1569.158(i)	(i) A facility shall not willfully interfere with the formation, maintenance, or promotion of a family council, or its participation in the regulatory inspection process. For the purposes of this subdivision, willful interference shall include, but shall not be limited to, discrimination or retaliation in any way against an individual as a result of his or her participation in a family council, refusal to publicize family council meetings or provide appropriate space for meetings or postings as required under this section, or failure to respond to written requests by a family council in a timely manner.									

HSC	1569.158(j)	(j) A violation of this section shall not be subject to the provisions of Section 1569.40. A violation of this section shall constitute a violation of resident rights. A facility that violates this section shall be subject to a daily civil penalty of two hundred fifty dollars (\$250) until the violation is corrected. A violation shall be deemed to have been corrected on the date the facility submits documentation of the correction to the department if the correction is verified by the department.									
HSC	1569.682(a)	(a) A licensee of a licensed residential care facility for the elderly shall, prior to transferring a resident of the facility to another facility or to an independent living arrangement as a result of the forfeiture of a license, as described in subdivision (a), (b), or (f) of Section 1569.19, or a change of use of the facility pursuant to the department's regulations, take all reasonable steps to transfer affected residents safely and to minimize possible transfer trauma, and shall, at a minimum, do all of the following:	YES								
HSC	1569.682(a)(2)	(2) Provide each resident or the resident's responsible person with a written notice no later than 60 days before the intended eviction. The notice shall include all of the following:	YES								
HSC	1569.682(a)(2)(A)	(A) The reason for the eviction, with specific facts to permit a determination of the date, place, witnesses, and circumstances concerning the reasons.	YES								
HSC	1569.682(a)(2)(B)	(B) A copy of the resident's current service plan.	YES								
HSC	1569.682(a)(2)(C)	(C) The relocation evaluation.	YES								
HSC	1569.682(a)(2)(D)	(D) A list of referral agencies.	YES								
HSC	1569.682(a)(2)(E)	(E) The right of the resident or resident's legal representative to contact the department to investigate the reasons given for the eviction pursuant to Section 1569.35.	YES								
HSC	1569.682(a)(2)(F)	(F) The contact information for the local long-term care ombudsman, including address and telephone number.	YES								
HSC	1569.683(a)	(a) In addition to complying with other applicable regulations, a licensee of a residential care facility for the elderly who sends a notice of eviction to a resident shall set forth in the notice to quit the reasons relied upon for the eviction, with specific facts to permit determination of the date, place, witnesses, and circumstances concerning those reasons. In addition, the notice to quit shall include all of the following:	YES								
HSC	1569.683(a)(1)	(1) The effective date of the eviction.	YES								
HSC	1569.683(a)(2)	(2) Resources available to assist in identifying alternative housing and care options, including public and private referral services and case management organizations.	YES								
HSC	1569.683(a)(3)	(3) Information about the resident's right to file a complaint with the department regarding the eviction, with the name, address, and telephone number of the nearest office of community care licensing and the State Ombudsman.	YES								
HSC	1569.683(a)(4)	(4) The following statement: "In order to evict a resident who remains in the facility after the effective date of the eviction, the residential care facility for the elderly must file an unlawful detainer action in superior court and receive a written judgment signed by a judge. If the facility pursues the unlawful detainer action, you must be served with a summons and complaint. You have the right to contest the eviction in writing and through a hearing."	YES								
HSC	1569.683(b)	(b) The licensee, in addition to either serving a 30-day notice, or seeking approval from the department and serving three days notice, on the resident, shall notify, or mail a copy of the notice to quit to, the resident's responsible person.	YES								
CCR	87224(d)	(d) The licensee shall set forth in the notice to quit the reasons relied upon for the eviction with specific facts to permit determination of the date, place, witnesses, and circumstances concerning those reasons.	YES								
CCR	87224(d)(1)	(1) The notice to quit shall include the following information:	YES								
CCR	87224(d)(1)(A)	(A) The effective date of the eviction.	YES								

CCR	87224(d)(1)(B)	(B) Resources available to assist in identifying alternative housing and care options which include, but are not limited to, the following:	YES								
CCR	87224(d)(1)(B)1.	1. Referral services that will aid in finding alternative housing.	YES								
CCR	87224(d)(1)(B)2.	2. Case management organizations which help manage individual care and service needs.	YES								
CCR	87224(d)(1)(C)	(C) A statement informing residents of their right to file a complaint with the licensing agency, as specified in Section 87468, subsection (a)(4), including the name, address and telephone number of the licensing office with whom the licensee normally conducts business, and the State Long Term Care Ombudsman office.	YES								
CCR	87224(d)(1)(D)	(D) The following exact statement as specified in Health and Safety Code Section 1569.683(a)(4): "In order to evict a resident who remains in the facility after the effective date of the eviction, the residential care facility for the elderly must file an unlawful detainer action in superior court and receive a written judgment signed by a judge. If the facility pursues the unlawful detainer action, you must be served with a summons and complaint. You have the right to contest the eviction in writing and through a hearing."	YES								
HSC	1569.267(d)	(d) The licensee shall provide initial and ongoing training for all members of its staff to ensure that residents' rights are fully respected and implemented.	YES								
HSC	1569.156(a)	(a) A residential care facility for the elderly shall do all of the following:	YES								
HSC	1569.156(a)(4)	(4) Provide written information about policies of the facility regarding the implementation of the rights described in paragraph(3)	YES								

Requirement		Planned Activities	Specialty	In Compliance?			Deficiency Type					
Type	Section	Regulation/Statute Language	Tool	Yes	No	N/A	Type A	Type B	TV	TA	Notes	
CCR	87462	The facility shall obtain sufficient information about each person's likes and dislikes and interests and activities, to determine if the living arrangements in the facility will be satisfactory, and to suggest the program of activities in which the individual may wish to participate.										
HSC	1569.312	Every facility required to be licensed under this chapter shall provide at least the following basic services:	YES									
HSC	1569.312(f)	(f) Encouraging the residents to maintain and develop their maximum functional ability through participation in planned activities.	YES									
CCR	87464(f)	(f) Basic services shall at a minimum include:	YES									
CCR	87464(f)(7)	(7) A planned activities program which includes social and recreational activities appropriate to the interests and capabilities of the resident, as specified.	YES									
CCR	87219(a)	(a) Residents shall be encouraged to maintain and develop their fullest potential for independent living through participation in planned activities. The activities made available shall include:										
CCR	87219(a)(1)	(1) Socialization, achieved through activities such as group discussion and conversation, recreation, arts, crafts, music, and care of pets.										
CCR	87219(a)(2)	(2) Daily living skills/activities which foster and maintain independent functioning.										
CCR	87219(a)(3)	(3) Leisure time activities cultivating personal interests and pursuits, and encouraging leisure-time activities with other residents.										
CCR	87219(a)(4)	(4) Physical activities such as games, sports and exercise which develop and maintain strength, coordination and range of motion.										
CCR	87219(a)(5)	(5) Education, achieved through special classes or activities.										
CCR	87219(a)(6)	(6) Provision for free time so residents may engage in activities of their own choosing.										
CCR	87464(a)	(a) The services provided by the facility shall be conducted so as to continue and promote, to the extent possible, independence and self-direction for all persons accepted for care. Such persons shall be encouraged to participate as fully as their conditions permit in daily living activities both in the facility and in the community.	YES									
CCR	87219(b)	(b) Residents served shall be encouraged to contribute to the planning, preparation, conduct, clean-up and critique of the planned activities.										
CCR	87219(c)	(c) The licensee shall arrange for utilization of available community resources through contact with organizations and volunteers to promote resident participation in community-centered activities which may include:										
CCR	87219(c)(1)	(1) Attendance at the place of worship of the resident's choice.										
CCR	87219(c)(2)	(2) Service activities for the community.										
CCR	87219(c)(3)	(3) Community events such as concerts, tours and plays.										
CCR	87219(c)(4)	(4) Participation in community organized group activities, such as senior citizen groups, sports leagues and service clubs.										
CCR	87219(d)	(d) In facilities licensed for seven (7) or more persons, notices of planned activities shall be posted in a central location readily accessible to residents, relatives, and representatives of placement and referral agencies. Copies shall be retained for at least six (6) months.										

CCR	87219(e)	(e) In facilities licensed for sixteen (16) to forty-nine (49) persons, one staff member, designated by the administrator, shall have primary responsibility for the organization, conduct and evaluation of planned activities. This person shall have had at least six (6) month's experience in providing planned activities or have completed or be enrolled in an appropriate education or training program.									
CCR	87219(f)	(f) In facilities licensed for fifty (50) persons or more, one staff member shall have full-time responsibility to organize, conduct and evaluate planned activities, and shall be given such staff assistance as necessary in order for all residents to participate in accordance with their interests and abilities. The program of activities shall be written, planned in advance, kept up-to-date, and made available to all residents. The responsible employee shall have had at least one year of experience in conducting group activities and be knowledgeable in evaluating resident needs, supervising other employees, and in training volunteers.									
CCR	87219(f)(1)	(1) An exception to this requirement may be made by the licensing agency upon the facility's presentation in writing of a satisfactory alternative plan.									
CCR	87219(f)(2)	(2) Where the facility can demonstrate that its residents are self-directed to the extent that they are able to plan, organize and conduct the facility's activity program themselves, this requirement may be reduced or waived by the licensing agency.									
CCR	87219(g)	(g) Participation of volunteers in planned activities shall be encouraged, and such volunteers shall be under the direction and supervision of the employees responsible for the activity program.									
CCR	87219(h)	(h) Facilities shall provide sufficient space to accommodate both indoor and outdoor activities. Activities shall be encouraged by provision of:									
CCR	87219(h)(1)	(1) A comfortable, appropriately furnished area such as a living room, available to all residents for their relaxation and for entertaining friends and relatives.									
CCR	87219(h)(2)	(2) Outdoor activity areas which are easily accessible to residents and protected from traffic. Gardens or yards shall be sufficient in size, comfortable, and appropriately equipped for outdoor use.									
CCR	87411(i)	(i) Residents shall not be used as substitutes for required staff but may, as a voluntary part of their program of activities, participate in household duties and other tasks suited to the resident's needs and abilities.	YES								
HSC	1569.7	Residential care facilities for the elderly that serve residents with Alzheimer's disease and other forms of major neurocognitive disorder should include information on sundowning as part of the training for direct care staff, and should include in the plan of operation a brief narrative description explaining activities available for residents to decrease the effects of sundowning, including, but not limited to, increasing outdoor activities in appropriate weather conditions.	YES								
CCR	87706(a)	(a) In addition to the requirements in Section 87705, Care of Persons with Dementia, licensees who advertise, promote, or otherwise hold themselves out as providing special care, programming, and/or environments for residents with dementia or related disorders shall meet the following requirements:	YES								
CCR	87706(a)(2)	(2) In addition to the requirements specified in Sections 87208(a) and 87705(b), the licensee shall include in the plan of operation a brief narrative description of the following facility features:	YES								
CCR	87706(a)(2)(E)	(E) Activity program for residents with dementia, including, but not limited to:	YES								
CCR	87706(a)(2)(E)1.	1. Types of activities;	YES								
CCR	87706(a)(2)(E)1.a.	a. Activities may include cognitive/mental stimulation (e.g., crafts, reading, writing, music, current events, reminiscences, movies); physical activities (e.g., gross and fine motor skills); work activities and life skills; social activities; cultural/religious activities; sensory activities; individual/group activities (e.g., games); pet care; and outdoor activities (e.g., field trips, gardening).	YES								
CCR	87706(a)(2)(E)2.	2. Frequency of activities; and	YES								

CCR	87706(a)(2)(E)3.	3. The process to determine what types of activities shall be planned to encompass residents' needs.	YES								
CCR	87706(a)(2)(E)3.a.	a. These needs are based on personal preferences, age, beliefs, culture, values, attention span, and life experiences (e. g., family and friend involvement, favorite pastimes, occupations, and geographic areas lived in and visited).	YES								
CCR	87706(a)(2)(J)	(J) Success indicators, including procedures to:	YES								
CCR	87706(a)(2)(J)1.	1. Ensure an ongoing review of facility programs pertaining to care of residents with dementia;	YES								
CCR	87706(a)(2)(J)2.	2. Make necessary adjustments to better meet residents' needs; and	YES								
CCR	87706(a)(2)(J)3.	3. Assess the program's overall effectiveness/success.	YES								
CCR	87706(a)(2)(J)3.a.	a. Examples of areas that may be reviewed include incident reports, staffing levels, input from others, and resident participation in program activities.	YES								
CCR	87707(a)	(a) Licensees who advertise, promote, or otherwise hold themselves out as providing special care, programming, and/or environments for residents with dementia or related disorders shall ensure that all direct care staff, described in Section 87706(a)(1), who provide care to residents with dementia, meet the following training requirements:	YES								
CCR	87707(a)(2)	(2) Direct care staff shall complete at least eight hours of in-service training on the subject of serving residents with dementia within 12 months of working in the facility and in each succeeding 12-month period. Direct care staff hired as of July 3, 2004 shall complete the eight hours of in-service training within 12 months of that date and in each succeeding 12-month period.	YES								
CCR	87707(a)(2)(A)	(A) A minimum of two of the following training topics shall be covered annually, and all topics shall be covered within a three-year period:	YES								
CCR	87707(a)(2)(A)3.	3. Positive therapeutic interventions and activities such as exercise, sensory stimulation, activities of daily living, and social, recreational and rehabilitative activities;	YES								
CCR	87411(j)	(j) Volunteers may be utilized but may not be included in the facility staffing plan. Volunteers shall be supervised.	YES								
CCR	87219(i)	(i) Facilities shall provide sufficient equipment and supplies to meet the requirements of the activity program including access to daily newspapers, current magazines and a variety of reading materials. Special equipment and supplies necessary to accommodate physically handicapped persons or other persons with special needs shall be provided as appropriate.									
CCR	87219(i)(1)	(1) When not in use, recreational equipment and supplies shall be stored where they do not create a hazard to residents.									

Requirement		Food Service	Specialty	In Compliance?			Deficiency Type				
Type	Section	Regulation/Statute Language	Tool	Yes	No	N/A	Type A	Type B	TV	TA	Notes
CCR	87555(a)	(a) The total daily diet shall be of the quality and in the quantity necessary to meet the needs of the residents and shall meet the Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council. All food shall be selected, stored, prepared and served in a safe and healthful manner.									
CCR	87555(b)	(b) The following food service requirements shall apply:									
CCR	87555(b)(8)	(8) All food shall be of good quality. Commercial foods shall be approved by appropriate federal, state and local authorities. Food in damaged containers shall not be accepted, used or retained.									
CCR	87555(b)(1)	(1) Where all food is provided by the facility arrangements shall be made so that each resident has available at least three meals per day. Exceptions may be allowed on weekends and holidays providing the total daily food needs are met. Not more than fifteen (15) hours shall elapse between the third and first meal.									
CCR	87555(b)(2)	(2) Where meal service within a facility is elective, arrangements shall be made to assure availability of an adequate daily food intake for all residents who, in their admission agreement, elected meal service. If a resident's condition changes so that he is no longer able to cook or purchase his own meals, the admission agreement shall be modified and the resident provided full meal service.									
CCR	87555(b)(14)	(14) If food is prepared off the facility premises, the preparation source shall meet all applicable requirements for commercial food services. The facility shall have adequate equipment and staff to receive and serve the food and for cleanup, and shall maintain adequate equipment for in-house preparation and service of food in emergencies.									
CCR	87464(f)	(f) Basic services shall at a minimum include:	YES								
CCR	87464(f)(3)	(3) Three nutritionally well-balanced meals and snacks made available daily, including low salt or other modified diets prescribed by a doctor as a medical necessity, as specified in Section 87555, General Food Service Requirements.	YES								
CCR	87555(e)	(e) If the resident is an SSI/SSP recipient, then the basic services shall be provided and/or made available at the basic rate at no additional charge to the resident.	YES								
CCR	87555(e)(3)	(3) An extra charge to the resident shall be allowed for provision of special food services or products beyond that specified in (f)(2) below, when the resident wishes to purchase the services and agrees to the extra charge in the admission agreement.	YES								
CCR	87555(b)(4)	(4) Meals on the premises shall be served in a designated dining area suitable for the purpose and residents encouraged to have meals with other residents. Tray service shall be provided in case of temporary need.									
CCR	87555(b)(19)	(19) There shall be one or more dining rooms or similar areas suitable for serving residents at a meal service, in shifts where appropriate. The dining areas shall be convenient to the kitchen so that food may be served quickly and easily and shall be attractive and promote socialization among the diners.									
CCR	87555(b)(22)	(22) Adequate space shall be maintained to accommodate equipment, personnel and procedures necessary for proper cleaning and sanitizing of dishes and other utensils.									
CCR	87458(b)	(b) The medical assessment shall include, but not be limited to:	YES								
CCR	87458(b)(4)	(4) Identification of physical limitations of the person to determine his/her capability to participate in the programs provided by the licensee, including any medically necessary diet limitations.	YES								
CCR	87459(a)	(a) The facility shall assess the person's need for personal assistance and care by determining his/her ability to perform specified activities of daily living. Such activities shall include, but not be limited to:	YES								
CCR	87459(a)(7)	(7) Physical condition, including:	YES								

CCR	87459(a)(7)(E)	(E) Dietary limitations.	YES									
CCR	87555(b)(3)	(3) Between-meal nourishment or snacks shall be made available for all residents unless limited by dietary restrictions prescribed by a physician.										
CCR	87555(b)(5)	(5) Meals shall consist of an appropriate variety of foods and shall be planned with consideration for cultural and religious background and food habits of residents.										
CCR	87555(b)(7)	(7) Modified diets prescribed by a resident's physician as a medical necessity shall be provided.										
CCR	87555(b)(10)	(10) Where indicated, food shall be cut, chopped or ground to meet individual needs.										
CCR	87555(b)(34)	(34) Adaptive devices shall be provided for self help in eating as needed by residents.										
CCR	87706(a)	(a) In addition to the requirements in Section 87705, Care of Persons with Dementia, licensees who advertise, promote, or otherwise hold themselves out as providing special care, programming, and/or environments for residents with dementia or related disorders shall meet the following requirements:	YES									
CCR	87706(a)(2)	(2) In addition to the requirements specified in Sections 87208(a) and 87705(b), the licensee shall include in the plan of operation a brief narrative description of the following facility features:	YES									
CCR	87706(a)(2)(H)	(H) Physical environment, including environmental factors that ensure a safe, secure, familiar and consistent environment for residents with dementia.	YES									
CCR	87706(a)(2)(H)1.	1. Environmental factors that may be considered include: bedroom decor; architectural and safety features (e. g., wide hallways, handrails, delayed egress, secured perimeters); lighting; colors and visual contrasts; types of furniture; signs; noise factors; memory boxes; nourishment and hydration stations; and functional outdoor space and exercise pathways.	YES									
CCR	87555(b)(11)	(11) Powdered milk shall not be used as a beverage but may be used in cooking or baking. Raw milk shall not be used. Milk shall be pasteurized.										
CCR	87555(b)(12)	(12) Except upon written approval by the licensing agency, meat, poultry and meat food products shall be inspected by state or federal authorities. Written evidence of such inspection shall be available for all products not purchased from commercial markets.										
CCR	87555(b)(13)	(13) Home canned foods shall not be used.										
CCR	87555(b)(9)	(9) Procedures which protect the safety, acceptability and nutritive values of food shall be observed in food storage, preparation and service.										
CCR	87555(b)(21)	(21) Freezers of adequate size shall be maintained at a temperature of 0 degree F (-17.7 degree C), and refrigerators of adequate size shall maintain a maximum temperature of 40 degree F. (4 degree C). They shall be kept clean and food stored to enable adequate air circulation to maintain the above temperatures.										
CCR	87555(b)(23)	(23) All readily perishable foods or beverages capable of supporting rapid and progressive growth of micro-organisms which can cause food infections or food intoxications shall be stored in covered containers at appropriate temperatures.										
CCR	87555(b)(24)	(24) Pesticides and other toxic substances shall not be stored in food storerooms, kitchen areas, or where kitchen equipment or utensils are stored.										
CCR	87555(b)(25)	(25) Soaps, detergents, cleaning compounds or similar substances shall be stored in areas separate from food supplies.										
CCR	87555(b)(26)	(26) Supplies of nonperishable foods for a minimum of one week and perishable foods for a minimum of two days shall be maintained on the premises.										
CCR	87555(b)(33)	(33) Tableware and tables, dishes, and utensils shall be sufficient in quantity to serve the residents.										
CCR	87555(b)(27)	(27) All kitchen areas shall be kept clean and free of litter, rodents, vermin and insects.										

CCR	87555(b)(28)	(28) All food shall be protected against contamination. Contaminated food shall be discarded immediately upon discovery.									
CCR	87555(b)(29)	(29) All equipment, fixed or mobile, and dishes, shall be kept clean and maintained in good repair and free of breaks, open seams, cracks or chips.									
CCR	87555(b)(30)	(30) All utensils used for eating and drinking and in preparation of food and drink, shall be cleaned and sanitized after each usage.									
CCR	87555(b)(31)	(31) Dishes and utensils shall be disinfected:									
CCR	87555(b)(31)(A)	(A) In facilities using mechanical means, by either maintaining hot water at a minimum temperature of 170 degree F (77 degree C) at the final rinse cycle of dishwashing machines, or by disinfecting as specified in (B) below.									
CCR	87555(b)(31)(B)	(B) In facilities not using mechanical means, by an alternative comparable method approved by the licensing agency or by the local health department, such as the addition of a sanitation agent to the final rinse water.									
CCR	87555(b)(32)	(32) Equipment of appropriate size and type shall be provided for the storage, preparation and service of food and for sanitizing utensils and tableware, and shall be well maintained.									
CCR	87555(b)(20)	(20) The ventilating systems in food preparation areas shall be maintained in working order and shall be operated when food is being prepared. Food preparation equipment shall be placed to provide aisles of sufficient width to permit easy movement of personnel, mobile equipment and supplies.									
CCR	87555(b)(6)	(6) In facilities for sixteen (16) persons or more, menus shall be written at least one week in advance and copies of the menus as served shall be dated and kept on file for at least 30 days. Facilities licensed for less than sixteen (16) residents shall maintain a sample menu in their file. Menus shall be made available for review by the residents or their designated representatives and the licensing agency upon request.									
CCR	87555(b)(18)	(18) Sufficient food service personnel shall be employed, trained and their working hours scheduled to meet the needs of residents.									
CCR	87555(b)(16)	(16) In facilities licensed for sixteen (16) to forty-nine (49) residents, one person shall be designated who has primary responsibility for food planning, preparation and service. This person shall be provided with appropriate training.									
CCR	87555(b)(17)	(17) In facilities licensed for fifty (50) or more, and providing three (3) meals per day, a full-time employee qualified by formal training or experience shall be responsible for the operation of the food service. If this person is not a nutritionist, a dietitian, or a home economist, provision shall be made for regular consultation from a person so qualified. The consultation services shall be provided at appropriate times, during at least one meal. A written record of the frequency, nature and duration of the consultant's visits shall be secured from the consultant and kept on file in the facility.									
CCR	87411(d)	(d) All personnel shall be given on the job training or have related experience in the job assigned to them. This training and/or related experience shall provide knowledge of and skill in the following, as appropriate for the job assigned and as evidenced by safe and effective job performance:	YES								
CCR	87411(d)(1)	(1) Principles of good nutrition, good food preparation and storage, and menu planning.	YES								
CCR	87411(d)(2)	(2) Housekeeping and sanitation principles.	YES								
CCR	87555(b)(15)	(15) All persons engaged in food preparation and service shall observe personal hygiene and food services sanitation practices which protect the food from contamination.									
CCR	87555(c)	(c) The licensing agency may require the facility to provide written information as to the foods purchased and used over a given period when, based upon documentation, there is reason to believe that the food service requirements are not being met.									

Requirement		Residents with Special Health Needs	Specialty	In Compliance?			Deficiency Type				
Type	Section	Regulation/Statute Language	Tool	Yes	No	N/A	Type A	Type B	TV	TA	Notes
CCR	87605(c)	(c) Licensees who employ or permit health care practitioners to provide care to residents shall post a visible notice in a prominent location that states, "Section 680 of the Business and Professions Code requires health care practitioners to disclose their name and license status on a name tag in at least 18-point type while working in this facility."	YES								
CCR	87455(b)	(b) The following persons may be accepted or retained in the facility:									
CCR	87455(b)(1)	(1) Persons capable of administering their own medications.									
CCR	87455(b)(2)	(2) Persons receiving medical care and treatment outside the facility or who are receiving needed medical care from a visiting nurse.									
CCR	87455(b)(3)	(3) Persons who because of forgetfulness or physical limitations need only be reminded or to be assisted to take medication usually prescribed for self-administration.									
CCR	87455(b)(4)	(4) Persons with problems including, but not limited to, forgetfulness, wandering, confusion, irritability, and inability to manage money.									
CCR	87455(b)(5)	(5) Persons with mild temporary emotional disturbance resulting from personal loss or change in living arrangement.									
CCR	87455(b)(6)	(6) Persons who are bedridden provided the requirements of Section 87606 are met.									
CCR	87455(b)(7)	(7) Persons who are under 60 years of age whose needs are compatible with other residents in care, if they require the same amount of care and supervision as do the other residents in the facility.									
CCR	87455(b)(8)	(8) Persons who have been diagnosed as terminally ill and who have obtained the services of hospice, certified in accordance with federal medicare conditions of participation and licensure, provided the licensee has obtained a facility hospice care waiver in accordance with the provisions of Section 87632, Hospice Care Waiver, and hospice care is being provided in accordance with the provisions of Section 87633, Hospice Care for Terminally Ill Residents.									
CCR	87455(c)	(c) No resident shall be accepted or retained if any of the following apply:									
CCR	87455(c)(1)	(1) The resident has active communicable tuberculosis.									
CCR	87455(c)(2)	(2) The resident requires 24-hour, skilled nursing or intermediate care as specified in Health and Safety Code Sections 1569.72(a) and (a)(1).									
CCR	87455(c)(3)	(3) The resident's primary need for care and supervision results from either:									
CCR	87455(c)(3)(A)	(A) An ongoing behavior, caused by a mental disorder, that would upset the general resident group; or									
CCR	87455(c)(3)(B)	(B) Dementia, unless the requirements of Section 87705, Care of Persons with Dementia, are met.									
CCR	87455(d)	(d) A resident suspected of having a contagious or infectious disease shall be isolated, and a physician contacted to determine suitability of the resident's retention in the facility.									
CCR	87606(a)	(a) Unless otherwise specified, this section applies to licensees who accept or retain residents who are bedridden. The licensee shall be permitted to accept and retain residents who are or shall become bedridden, if all the following conditions are met.									
CCR	87606(b)	(b) A facility shall notify the local fire jurisdiction within 48 hours of accepting or retaining any bedridden person, as specified in Health and Safety Code Section 1569.72(f).									
CCR	87606(c)	(c) To accept or retain a bedridden person, other than for a temporary illness or recovery from surgery, a facility shall obtain and maintain an appropriate fire clearance as specified in Section 87202(a).									

CCR	87606(e)	(e)A facility may retain a bedridden resident for more than 14 days if all of the requirements of Health and Safety Code Section 1569.72(e) are met.									
CCR	87606(e)(1)	(1) If it is determined that a resident will be temporarily bedridden for more than 14 days, the facility shall notify the fire authority having jurisdiction of the revised estimated length of time that the resident will be bedridden, as required in Section 87606(b).									
CCR	87606(f)	(f) To accept or retain a bedridden person, a facility shall ensure the following:									
CCR	87606(f)(1)	(1) The facility's Plan of Operation includes a statement of how the facility intends to meet the overall health, safety and care needs of bedridden persons.									
CCR	87606(f)(1)(A)	(A) The facility's Emergency Disaster Plan, addresses fire safety precautions specific to evacuation of bedridden residents in the event of an emergency or disaster.									
CCR	87606(f)(1)(B)	(B) In addition to the requirements specified in Care of Persons with Dementia, the needs of residents with dementia who are bedridden, shall be met.									
CCR	87606(f)(1)(C)	(C) The needs of residents who are terminally ill and who are bedridden shall be met.									
CCR	87606(f)(2)	(2) Each bedridden resident's record includes sufficient documentation to demonstrate that the facility is meeting the needs of the individual resident as specified in Section 87506.									
CCR	87606(f)(3)	(3) Staff records include documentation of staff training specific to Care of Bedridden Residents.									
CCR	87606(f)(4)	(4) The facility's Register of Residents shall include:									
CCR	87606(f)(4)(A)	(A) compliance with Section 87508,									
CCR	87606(f)(4)(B)	(B) information related to resident room locator,									
CCR	87606(f)(4)(C)	(C) register of residents be made available, upon request, to emergency personnel, and									
CCR	87606(f)(4)(D)	(D) facility staff have knowledge of the location of the register of residents at all times.									
HSC	1569.72(a)	(a) Except as otherwise provided in subdivision (d), no resident shall be admitted or retained in a residential care facility for the elderly if any of the following apply:									
HSC	1569.72(a)(1)	(1) The resident requires 24-hour, skilled nursing or intermediate care.									
HSC	1569.72(a)(2)	(2) The resident is bedridden, other than for a temporary illness or for recovery from surgery.									
HSC	1569.72(b)(2)	(2) The determination of the bedridden status of persons with developmental disabilities shall be made by the Director of Social Services or his or her designated representative, in consultation with the Director of Developmental Services or his or her designated representative, after consulting the resident's individual safety plan. The determination of the bedridden status of all other persons with disabilities who are not developmentally disabled shall be made by the Director of Social Services, or his or her designated representative.									
HSC	1569.72(c)	(c) Notwithstanding paragraph (2) of subdivision (a), bedridden persons may be admitted to, and remain in, residential care facilities for the elderly that secure and maintain an appropriate fire clearance. A fire clearance shall be issued to a facility in which one or more bedridden persons reside if either of the following conditions are met:									
HSC	1569.72(c)(1)	(1) The fire safety requirements are met. Residents who are unable to independently transfer to and from bed, but who do not need assistance to turn or reposition in bed, shall be considered nonambulatory for purposes of this paragraph.									
HSC	1569.72(c)(2)	(2) Alternative methods of protection are approved.									

HSC	1569.72(e)	(e) A bedridden resident may be retained in a residential care facility for the elderly in excess of 14 days if all of the following requirements are satisfied:									
HSC	1569.72(e)(1)	(1) The facility notifies the department in writing regarding the temporary illness or recovery from surgery.									
HSC	1569.72(e)(2)	(2) The facility submits to the department, with the notification, a physician and surgeon's written statement to the effect that the resident's illness or recovery is of a temporary nature. The statement shall contain an estimated date upon which the illness or recovery will end or upon which the resident will no longer be confined to a bed.									
HSC	1569.72(e)(3)	(3) The department determines that the health and safety of the resident is adequately protected in that facility and that transfer to a higher level of care is not necessary.									
HSC	1569.72(e)(4)	(4) This section does not expand the scope of care and supervision of a residential care facility for the elderly.									
HSC	1569.72(f)	(f) Notwithstanding the length of stay of a bedridden resident, every facility admitting or retaining a bedridden resident, as defined in this section, shall, within 48 hours of the resident's admission or retention in the facility, notify the local fire authority with jurisdiction in the bedridden resident's location of the estimated length of time the resident will retain his or her bedridden status in the facility.									
CCR	87461(a)	(a) The licensee shall determine the amount of supervision necessary by assessing the mental status of the prospective resident to determine if the individual:									
CCR	87461(a)(1)	(1) tends to wander;									
CCR	87461(a)(2)	(2) is confused or forgetful;									
CCR	87461(a)(3)	(3) is capable of managing his/her own cash resources;									
CCR	87461(a)(4)	(4) actively participates in social activities or is withdrawn;									
CCR	87461(a)(5)	(5) has a documented history of behaviors which may result in harm to self or others.									
CCR	87607(a)	(a) A licensee is permitted to maintain and operate an AED at the facility if all of the following requirements are met:									
CCR	87607(a)(1)	(1) The licensee shall notify the licensing agency in writing that an AED is in the facility and will be used in accordance with all applicable federal and other state requirements.									
CCR	87607(a)(2)	(2) The AED shall be used in accordance with all applicable federal and other state requirements.	YES								
CCR	87607(a)(3)	(3) The licensee shall maintain at the facility the following:									
CCR	87607(a)(3)(A)	(A) A copy of the required physician's prescription for the AED.	YES								
CCR	87607(a)(3)(B)	(B) A training manual from an American Heart Association- or American Red Cross-recognized AED training class.									
CCR	87607(a)(3)(C)	(C) A log of checks of operation of the AED containing the dates checked and the name of person checking.									
CCR	87607(a)(3)(D)	(D) A copy of a valid AED operator's certificate for any employee(s) authorized by the licensee to operate the AED. The certificate shall indicate that the AED training course completed complies with the standards of the American Heart Association or the American Red Cross. If it does not, then other evidence indicating that the AED training course completed complies with the standards of the American Heart Association or the American Red Cross shall be available at the facility.									

CCR	87607(a)(3)(E)	(E) A log of quarterly proficiency demonstrations for each holder of an AED operator's certificate who is authorized by the licensee to operate the AED. The log shall contain the dates of the demonstrations of the manner of demonstration.									
CCR	87607(a)(4)	(4) A supply kit shall be maintained at the facility and be readily available for use with the AED. The kit shall contain at least the following:									
CCR	87607(a)(4)(A)	(A) A back-up battery set.									
CCR	87607(a)(4)(B)	(B) An extra set of pads.									
CCR	87607(a)(4)(C)	(C) A safety razor for shaving chest hair when necessary to apply the pads.									
CCR	87607(a)(4)(D)	(D) A cardiovascular pulmonary resuscitation barrier (a face shield or mask) for protection from transmission of infectious disease.									
CCR	87607(a)(4)(E)	(E) Two pairs of unused medical examination gloves (latex or non-latex).									
CCR	87607(a)(5)	(5) Use of an AED shall be reported as specified in Section 87211, Reporting Requirements.	YES								
CCR	87607(a)(6)	(6) Requests to Forego Resuscitative Measures, Advance Directives and Do-Not-Resuscitate Orders shall be observed as specified in Section 87469, Advance Health Care Directives, Requests to Forego Resuscitative Measures, and Do-Not-Resuscitate Forms.	YES								
CCR	87608(a)	(a) Based on the individual's preadmission appraisal, and subsequent changes to that appraisal, the facility shall provide assistance and care for the resident in those activities of daily living which the resident is unable to do for himself/herself. Postural supports may be used under the following conditions.									
CCR	87608(a)(1)	(1) Postural supports shall be limited to appliances or devices such as braces, spring release trays, or soft ties, used to achieve proper body position and balance, to improve a resident's mobility and independent functioning, or to position rather than restrict movement including, but not limited to, preventing a resident from falling out of bed, a chair, etc.									
CCR	87608(a)(1)(A)	(A) Physician-prescribed orthopedic devices such as braces or casts, used for support of a weakened body part or correction of body parts, are considered postural supports.									
CCR	87608(a)(2)	(2) Postural supports shall be fastened or tied in a manner that permits quick release by the resident.									
CCR	87608(a)(3)	(3) A written order from a physician indicating the need for the postural support shall be maintained in the resident's record. The licensing agency shall be authorized to require other additional documentation if needed to verify the order.									
CCR	87608(a)(4)	(4) Prior to the use of postural supports that change the ambulatory status of a resident to non-ambulatory, the licensee shall ensure that the appropriate fire clearance, as required by Section 87202, Fire Clearance has been secured.									
CCR	87608(a)(5)	(5) Under no circumstances shall postural supports include tying, depriving, or limiting the use of a resident's hands or feet.									
CCR	87608(a)(5)(A)	(A) A bed rail that extends from the head half the length of the bed and used only for assistance with mobility shall be allowed.									
CCR	87608(a)(5)(B)	(B) Bed rails that extend the entire length of the bed are prohibited except for residents who are currently receiving hospice care and have a hospice care plan that specifies the need for full bed rails.									
HSC	1569.696(a)	(a) All residential care facilities for the elderly shall provide training to direct care staff on postural supports, restricted conditions or health services, and hospice care as a component of the training requirements specified in Section 1569.625. The training shall include all of the following:	YES								

HSC	1569.696(a)(1)	(1) Four hours of training on the care, supervision, and special needs of those residents, prior to providing direct care to residents. The facility may utilize various methods of instruction, including, but not limited to, preceptorship, mentoring, and other forms of observation and demonstration. The orientation time shall be exclusive of any administrative instruction.	YES								
HSC	1569.696(a)(2)	(2) Four hours of training thereafter of in-service training per year on the subject of serving those residents.	YES								
HSC	1569.696(b)	(b) This training shall be developed in consultation with individuals or organizations with specific expertise in the care of those residents described in subdivision (a). In formulating and providing this training, reference may be made to written materials and literature. This training requirement may be provided at the facility or offsite and may include a combination of observation and practical application.	YES								
CCR	87466	The licensee shall ensure that residents are regularly observed for changes in physical, mental, emotional and social functioning and that appropriate assistance is provided when such observation reveals unmet needs. When changes such as unusual weight gains or losses or deterioration of mental ability or a physical health condition are observed, the licensee shall ensure that such changes are documented and brought to the attention of the resident's physician and the resident's responsible person, if any.									
HSC	1569.156(a)	(a) A residential care facility for the elderly shall do all of the following:									
HSC	1569.156(a)(3)	(3) Provide written information, upon admission, about the right to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right, under state law, to formulate advance directives.									
CCR	87469(a)	(a) Upon admission, a facility shall provide each resident, and representative or responsible person of each resident, with written information about the right to make decisions concerning medical care. This information shall include, but not be limited to, the Department's approved brochure entitled "Your Right To Make Decisions About Medical Treatment," PUB 325, (3/12) and a copy of Sections 87469(b), (c) and (d) of the regulations.									
CCR	87469(b)	(b) Residents shall be permitted to have a Request to Forego Resuscitative Measures, an Advance Health Care Directive and/or a Do-Not-Resuscitate (DNR) Form in their facility file.									
CCR	87469(c)	(c) If a resident who has an advance directive and/or request regarding resuscitative measures form on file experiences a medical emergency, facility staff shall do one of the following:									
CCR	87469(c)(1)	(1) Immediately telephone 9-1-1, present the advance directive and/or request regarding resuscitative measures form to the responding emergency medical personnel and identify the resident as the person to whom the order refers.									
CCR	87469(c)(2)	(2) Immediately give the advance directive and/or request regarding resuscitative measures form to a physician, registered nurse or licensed vocational nurse if the physician or nurse is in the resident's presence at the time of the emergency and assumes responsibility.									
CCR	87469(c)(3)	(3) Specifically for a terminally ill resident that is receiving hospice services and has completed an advance directive and/or request regarding resuscitative measures form pursuant to Health and Safety Code section 1569.73(c), and is experiencing a life-threatening emergency as displayed by symptoms of impending death that is directly related to the expected course of the resident's terminal illness, the facility may immediately notify the resident's hospice agency in lieu of calling emergency response (9-1-1). For emergencies not directly related to the expected course of the resident's terminal illness, the facility staff shall immediately telephone emergency response (9-1-1).									
CCR	87469(c)(4)	(4) Facilities that employ health care providers, other than Home Health Agencies or Hospice Agencies, may comply with Health and Safety Code Section 1569.74.									

CCR	87469(d)	(d) After following the procedure in Section 87469(c)(1), (2), (3), or (4), facility staff shall notify the resident's hospice agency and Health Care Surrogate Decision Maker, if applicable.									
HSC	1569.725(a)	(a) A residential care facility for the elderly may permit incidental medical services to be provided through a home health agency, licensed pursuant to Chapter 8 (commencing with Section 1725), when all of the following conditions are met:	YES								
HSC	1569.725(a)(1)	(1) The facility, in the judgment of the department, has the ability to provide the supporting care and supervision appropriate to meet the needs of the resident receiving care from a home health agency.	YES								
HSC	1569.725(a)(2)	(2) The home health agency has been advised of the regulations pertaining to residential care facilities for the elderly and the requirements related to incidental medical services being provided in the facility.	YES								
HSC	1569.725(a)(3)	(3) There is evidence of an agreed-upon protocol between the home health agency and the residential care facility for the elderly. The protocol shall address areas of responsibility of the home health agency and the facility and the need for communication and the sharing of resident information related to the home health care plan. Resident information may be shared between the home health agency and the residential care facility for the elderly relative to the resident's medical condition and the care and treatment provided to the resident by the home health agency including, but not limited to, medical information, as defined by the Confidentiality of Medical Information Act, Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.	YES								
HSC	1569.725(a)(4)	(4) There is ongoing communication between the home health agency and the residential care facility for the elderly about the services provided to the resident by the home health agency and the frequency and duration of care to be provided.	YES								
CCR	87609(a)	(a) A licensee shall be permitted to accept or retain persons who have a health condition(s) which requires incidental medical services including, but not limited to, the conditions specified in Section 87612, Restricted Health Conditions	YES								
CCR	87609(b)	(b) Incidental medical care may be provided to residents through a licensed home health agency provided the following conditions are met:	YES								
CCR	87609(b)(1)	(1) The licensee is in substantial compliance with the requirements of Health and Safety Code Sections 1569-1569.87, and of Chapter 8, Division 6, of Title 22, CCR, governing Residential Care Facilities for the Elderly.	YES								
CCR	87609(b)(2)	(2) The licensee provides the supporting care and supervision needed to meet the needs of the resident receiving home health care.	YES								
CCR	87609(b)(3)	(3) The licensee informs the home health agency of any duties the regulations prohibit facility staff from performing, and of any regulations that address the resident's specific condition(s).	YES								
CCR	87609(b)(4)	(4) The licensee and home health agency agree in writing on the responsibilities of the home health agency, and those of the licensee in caring for the resident's medical condition(s).	YES								
CCR	87609(b)(4)(A)	(A) The written agreement shall reflect the services, frequency and duration of care.	YES								
CCR	87609(b)(4)(B)	(B) The written agreement shall include day and evening contact information for the home health agency, and the method of communication between the agency and the facility, which may include verbal contact, electronic mail, or logbook.	YES								
CCR	87609(b)(4)(C)	(C) The written agreement shall be signed by the licensee or licensee representative, and representative of the home health agency, and placed in the resident's file.	YES								

CCR	87611(a)	(a) Prior to accepting or retaining a resident with an allowable health condition as specified in Section 87618, Oxygen Administration - Gas and Liquid; Section 87619, Intermittent Positive Pressure Breathing (IPPB) Machine; Section 87621, Colostomy/Ileostomy; Section 87626, Contractures; or Section 87631, Healing Wounds; licensees who have, or have had, any of the following within the last two years, shall obtain Department approval:	YES								
CCR	87611(a)(1)	(1) Probationary license;	YES								
CCR	87611(a)(2)	(2) Administrative action filed against them;	YES								
CCR	87611(a)(3)	(3) A Non-Compliance Conference as defined in Section 87101(n) that resulted in a corrective plan of action; or	YES								
CCR	87611(a)(4)	(4) A notice of deficiency concerning direct care and supervision of a resident with a health condition specified in Section 87612, Restricted Health Conditions, that required correction within 24 hours.	YES								
CCR	87611(b)	(b) The licensee shall complete and maintain a current, written record of care for each resident that includes, but is not limited to, the following:	YES								
CCR	87611(b)(1)	(1) Documentation from the physician of the following:	YES								
CCR	87611(b)(1)(A)	(A) Stability of the medical condition(s);	YES								
CCR	87611(b)(1)(B)	(B) Medical condition(s) which require incidental medical services;	YES								
CCR	87611(b)(1)(C)	(C) Method of intervention;	YES								
CCR	87611(b)(1)(D)	(D) Resident's ability to perform the procedure; and	YES								
CCR	87611(b)(1)(E)	(E) An appropriately skilled professional shall be identified who will perform the procedure if the resident needs assistance.	YES								
CCR	87611(b)(2)	(2) The names, address and telephone number of vendors, if any, and all appropriately skilled professionals providing services.	YES								
CCR	87611(b)(3)	(3) Emergency contacts.	YES								
CCR	87611(c)	(c) In addition to Section 87411(d), facility staff shall have knowledge and the ability to recognize and respond to problems and shall contact the physician, appropriately skilled professional, and/or vendor as necessary.	YES								
CCR	87611(d)	(d) In addition to Section 87463, Reappraisals and Section 8, Observation of the Resident, the licensee shall monitor the ability of the resident to provide self care for the allowable health condition and document any change in that ability.	YES								
CCR	87611(e)	(e) In addition to Sections 87465(a) and 87464(d), the licensee shall ensure that the resident is cared for in accordance with the physicians orders and that the resident's medical needs are met.	YES								
CCR	87611(f)	(f) The duty established by this section does not infringe on the right of a resident to receive or reject medical care or services as allowed in Section 87468(a)(16).	YES								
CCR	87615(a)	(a) Persons who require health services for or have a health condition including, but not limited to, those specified below shall not be admitted or retained in a residential care facility for the elderly:									
CCR	87615(a)(1)	(1) Stage 3 and 4 pressure sores (dermal ulcers).									
CCR	87615(a)(2)	(2) Gastrostomy care.									
CCR	87615(a)(3)	(3) Naso-gastric tubes.									
CCR	87615(a)(4)	(4) Staph infection or other serious infection.									
CCR	87615(a)(5)	(5) Residents who depend on others to perform all activities of daily living for them as set forth in Section 87459, Functional Capabilities.									
CCR	87615(a)(6)	(6) Tracheostomies.									

HSC	1569.39(a)	(a) A residential care facility for the elderly that accepts or retains residents with prohibited health conditions, as defined by the department, in Section 87615 of Title 22 of the California Code of Regulations, shall assist residents with accessing home health or hospice services, as indicated in the resident's current appraisal, to ensure that residents receive medical care as prescribed by the resident's physician and contained in the resident's service plan.	YES								
CCR	87612(a)	(a) The licensee may provide care for residents who have any of the following restricted health conditions, or who require any of the following health services:									
CCR	87612(a)(1)	(1) Administration of oxygen as specified in Section 87618.									
CCR	87612(a)(2)	(2) Catheter care as specified in Section 87623.									
CCR	87612(a)(3)	(3) Colostomy/ileostomy care as specified in Section 87621.									
CCR	87612(a)(4)	(4) Contractures as specified in Section 87626.									
CCR	87612(a)(5)	(5) Diabetes as specified in Section 87628.									
CCR	87612(a)(6)	(6) Enemas, suppositories, and/or fecal impaction removal as specified in Section 87622.									
CCR	87612(a)(7)	(7) Incontinence of bowel and/or bladder as specified in Section 87625.									
CCR	87612(a)(8)	(8) Injections as specified in Section 87629.									
CCR	87612(a)(9)	(9) Intermittent Positive Pressure Breathing Machine use as specified in Section 87619.									
CCR	87612(a)(10)	(10) Stage 1 and 2 pressure sores (dermal ulcers) as specified in Section 87631(a)(3).									
CCR	87612(a)(11)	(11) Wound care as specified in Section 87631.									
HSC	1569.39(b)	(b) A residential care facility for the elderly that accepts or retains residents with restricted health conditions, as defined by the department, shall ensure that residents receive medical care as prescribed by the resident's physician and contained in the resident's service plan by appropriately skilled professionals acting within their scope of practice. An appropriately skilled professional may not be required when the resident is providing self-care, as defined by the department, and there is documentation in the resident's service plan that the resident is capable of providing self-care.	YES								
CCR	87616(a)	(a) As specified in Section 87209, Program Flexibility, the licensee may submit a written exception request if he/she agrees that the resident has a prohibited and/or restrictive health condition but believes that the intent of the law can be met through alternative means.	YES								
CCR	87616(b)	(b) Written requests shall include, but are not limited to, the following:	YES								
CCR	87616(b)(1)	(1) Documentation of the resident's current health condition including updated medical reports, other documentation of the current health, prognosis, and expected duration of condition.	YES								
CCR	87616(b)(2)	(2) The licensee's plan for ensuring that the resident's health related needs can be met by the facility.	YES								
CCR	87616(b)(3)	(3) Plan for minimizing the impact on other residents.	YES								
CCR	87616(c)	(c) Facilities that have satisfied the requirements of Section 87632, Hospice Care Waiver, are not required to submit written exception requests under this section for residents or prospective residents with restricted health conditions under Section 87612 and/or prohibited health conditions under Section 87615 provided those residents have been diagnosed as terminally ill and are receiving hospice services in accordance with a hospice care plan as required under Section 87633, Hospice Care for Terminally Ill Residents, and the treatment of such restricted and/or prohibited health conditions is specifically addressed in the hospice care plan.	YES								

CCR	87617(a)	(a) Certain health conditions as specified in Sections 87618, Oxygen Administration -Gas and Liquid, through 87631, Healing Wounds, may require review by Department staff to determine if the resident will be allowed to remain in the facility. The Department shall inform the licensee that the health condition of the resident requires review and shall specify documentation which the licensee shall submit to the Department.	YES								
CCR	87617(a)(1)	(1) Documentation shall include, but not be limited to the following:	YES								
CCR	87617(a)(1)(A)	(A) Physician's assessment(s).	YES								
CCR	87617(a)(1)(B)	(B) Pre-admission appraisal.	YES								
CCR	87617(a)(1)(C)	(C) Copies of prescriptions for incidental medical services and/or medical equipment.	YES								
CCR	87617(a)(2)	(2) The documentation shall be submitted to the Department within 10 days.	YES								
CCR	87617(b)	(b) If the Department determines that the resident has an allowable health condition, the licensee shall provide care and supervision to the resident in accordance with the conditions specified in Sections 87618, Oxygen Administration -Gas and Liquid, through 87631, Healing Wounds.	YES								
CCR	87618(a)	(a) Except as specified in Section 87611(a), the licensee shall be permitted to accept or retain a resident who requires the use of oxygen gas administration under the following circumstances:	YES								
CCR	87618(a)(1)	(1) If the resident is mentally and physically capable of operating the equipment, is able to determine his/her need for oxygen, and is able to administer it him/herself. OR	YES								
CCR	87618(a)(2)	(2) If intermittent oxygen administration is performed by an appropriately skilled professional.	YES								
CCR	87618(b)	b) In addition to Section 87611(b), the licensee shall be responsible for the following:	YES								
CCR	87618(b)(1)	(1) Monitoring of the resident's ongoing ability to operate the equipment in accordance with the physician's orders.	YES								
CCR	87618(b)(2)	(2) Ensuring that oxygen administration is provided by an appropriately skilled professional should the resident require assistance.	YES								
CCR	87618(b)(3)	(3) Ensuring that the use of oxygen equipment meets the following requirements:	YES								
CCR	87618(b)(3)(A)	(A) A report shall be made in writing to the local fire jurisdiction that oxygen is in use at the facility.	YES								
CCR	87618(b)(3)(B)	(B) "No Smoking-Oxygen in Use" signs shall be posted in the appropriate areas.	YES								
CCR	87618(b)(3)(C)	(C) Smoking shall be prohibited where oxygen is in use.	YES								
CCR	87618(b)(3)(D)	(D) All electrical equipment shall be checked for defects which may cause sparks.	YES								
CCR	87618(b)(3)(E)	(E) Oxygen tanks that are not portable shall be secured in a stand or to the wall.	YES								
CCR	87618(b)(3)(F)	(F) Plastic tubing from the nasal canula or mask to the oxygen source shall be long enough to allow the resident movement within his/her room but does not constitute a hazard to the resident or others.	YES								
CCR	87618(b)(3)(G)	(G) Oxygen from a portable source shall be used by residents when they are outside of their rooms.	YES								
CCR	87618(b)(3)(H)	(H) Equipment shall be operable.	YES								
CCR	87618(b)(3)(I)	(I) Equipment shall be removed from the facility when no longer in use by the resident.	YES								
CCR	87618(b)(4)	(4) Determining that room size can accommodate equipment in accordance with Section 87307, Personal Accommodations and Services.	YES								

CCR	87618(b)(5)	(5) Ensuring that facility staff have knowledge of, and ability in the operation of the oxygen equipment.	YES								
CCR	87618(c)	(c) The licensee shall be permitted to accept or retain a resident who requires the use of liquid oxygen under the following circumstances:	YES								
CCR	87618(c)(1)	(1) The licensee obtains prior approval from the licensing agency.	YES								
CCR	87618(c)(2)	(2) If the resident is mentally and physically capable of operating the equipment, is able to determine his/her need for oxygen, and is able to administer it him/herself.	YES								
CCR	87619(a)	(a) Except as specific in Section 87611(a), the licensee shall be permitted to accept or retain a resident who requires the use of an IPPB machine under the following circumstances:	YES								
CCR	87619(a)(1)	(1) If the resident is mentally and physically capable of operating his/her own equipment and is able to determine his/her own need. OR	YES								
CCR	87619(a)(2)	(2) If the device is operated and cared for by an appropriately skilled professional.	YES								
CCR	87619(b)	(b) In addition to Section 87611(b), the licensee shall be responsible for the following:	YES								
CCR	87619(b)(1)	(1) Monitoring of the resident's ongoing ability to operate the equipment in accordance with the physician's orders.	YES								
CCR	87619(b)(2)	(2) Ensuring that the procedure is administered by an appropriately skilled professional should the resident require assistance.	YES								
CCR	87619(b)(3)	(3) Ensuring that the use of the equipment meets the following requirements:	YES								
CCR	87619(b)(3)(A)	(A) Equipment shall be operable.	YES								
CCR	87619(b)(3)(B)	(B) Equipment shall be removed from the facility when no longer in use by the resident.	YES								
CCR	87619(b)(4)	(4) Determining that room size can accommodate equipment in accordance with Section 87307(a)(2)(A).	YES								
CCR	87619(b)(5)	(5) Ensuring that facility staff have knowledge of and ability in the operation of the equipment.	YES								
CCR	87621(a)	(a) Except as specified in Section 87611(a), the licensee shall be permitted to accept or retain a resident who has a colostomy or ileostomy under the following circumstances:	YES								
CCR	87621(a)(1)	(1) If the resident is mentally and physically capable of providing all routine care for his/her ostomy, and the physician has documented that the ostomy is completely healed. OR	YES								
CCR	87621(a)(2)	(2) If assistance in the care of the ostomy is provided by an appropriately skilled professional.	YES								
CCR	87621(b)	(b) In addition to Section 87611(b), the licensees shall be responsible for the following:	YES								
CCR	87621(b)(1)	(1) Ensuring that ostomy care is provided by an appropriately skilled professional.	YES								
CCR	87621(b)(1)(A)	(A) The ostomy bag and adhesive may be changed by facility staff who have been instructed by the professional.	YES								
CCR	87621(b)(1)(B)	(B) There shall be written documentation by an appropriately skilled professional outlining the instruction of the procedures delegated and the names of the facility staff who have been instructed.	YES								
CCR	87621(b)(1)(C)	(C) The professional shall review the procedures and techniques no less than twice a month.	YES								
CCR	87621(b)(2)	(2) Ensuring that used bags are discarded as specified in Section 87303(f)(1).	YES								
CCR	87621(b)(3)	(3) Privacy shall be afforded when ostomy care is provided.	YES								

CCR	87622(a)	(a) The licensee shall be permitted to accept or retain a resident who requires manual fecal impaction removal, enemas, or use of suppositories under the following circumstances:	YES								
CCR	87622(a)(1)	(1) Self care by the resident.	YES								
CCR	87622(a)(2)	(2) Manual fecal impaction removal, enemas, and/or suppositories shall be permitted if administered according to physician's orders by either the resident or an appropriately skilled professional.	YES								
CCR	87622(b)	(b) In addition to Section 87611, General Requirements for Allowable Health Conditions, the licensee shall be responsible for the following:	YES								
CCR	87622(b)(1)	(1) Ensuring that the administration of enemas or suppositories or manual fecal impaction removal is performed by an appropriately skilled professional should the resident require assistance.	YES								
CCR	87622(b)(2)	(2) Privacy shall be afforded when care is being provided.	YES								
CCR	87623(a)	(a) The licensee shall be permitted to accept or retain a resident who requires the use of an indwelling catheter under the following circumstances:	YES								
CCR	87623(a)(1)	(1) If the resident is physically and mentally capable of caring for all aspects of the condition except insertion and irrigation.	YES								
CCR	87623(a)(1)(A)	(A) Irrigation shall only be performed by an appropriately skilled professional in accordance with the physician's orders.	YES								
CCR	87623(a)(1)(B)	(B) A catheter shall only be inserted and removed by an appropriately skilled professional under physician's orders.	YES								
CCR	87623(b)	(b) In addition to Section 87611, General Requirements for Allowable Health Conditions, the licensee shall be responsible for the following:	YES								
CCR	87623(b)(1)	(1) Ensuring that insertion and irrigation of the catheter shall be performed by an appropriately skilled professional.	YES								
CCR	87623(b)(2)	(2) Ensuring that the bag and tubing are changed by an appropriately skilled professional should the resident require assistance.	YES								
CCR	87623(b)(2)(A)	(A) The bag may be emptied by facility staff who receive instruction from an appropriately skilled professional.	YES								
CCR	87623(b)(2)(B)	(B) There shall be written documentation by an appropriately skilled professional outlining the instruction of the procedures delegated and the names of the facility staff who have been instructed.	YES								
CCR	87623(b)(2)(C)	(C) The licensee shall ensure that the professional reviews staff performance as often as necessary, but at least annually.	YES								
CCR	87623(b)(3)	(3) Ensuring that waste materials shall be disposed of as specified in Section 87303(f)(1).	YES								
CCR	87623(b)(4)	(4) Privacy shall be maintained when care is provided.	YES								
CCR	87625(a)	(a) The licensee shall be permitted to accept or retain a resident who has a manageable bowel and/or bladder incontinence condition under the following circumstances:	YES								
CCR	87625(a)(1)	(1) The condition can be managed with any of the following:	YES								
CCR	87625(a)(1)(A)	(A) Self care by the resident.	YES								
CCR	87625(a)(1)(B)	(B) A structured bowel and/or bladder retraining program to assist the resident in restoring a normal pattern of continence.	YES								
CCR	87625(a)(1)(C)	(C) A program of scheduled toileting at regular intervals.	YES								
CCR	87625(a)(1)(D)	(D) The use of incontinent care products.	YES								
CCR	87625(b)	(b) In addition to Section 87611, General Requirements for Allowable Health Conditions, the licensee shall be responsible for the following:	YES								

CCR	87625(b)(1)	(1) Ensuring that residents who can benefit from scheduled toileting are assisted or reminded to go to the bathroom at regular intervals rather than being diapered.	YES								
CCR	87625(b)(2)	(2) Ensuring that incontinent residents are checked during those periods of time when they are known to be incontinent, including during the night.	YES								
CCR	87625(b)(3)	(3) Ensuring that incontinent residents are kept clean and dry and that the facility remains free of odors from incontinence.	YES								
CCR	87625(b)(4)	(4) Ensuring that bowel and/or bladder programs are designed by an appropriately skilled professional with training and experience in care of elderly persons with bowel and/or bladder dysfunction and development of retraining programs for restoration of normal patterns of continence.	YES								
CCR	87625(b)(5)	(5) Ensuring that the appropriately skilled professional developing the bowel and/or bladder program provide training to facility staff responsible for implementation of the program.	YES								
CCR	87625(b)(6)	(6) Ensuring that re-assessment of the resident's condition and the evaluation of the effectiveness of the bowel and/or bladder program be performed by an appropriately skilled professional.	YES								
CCR	87625(b)(7)	(7) Ensuring that the condition of the skin exposed to urine and stool is evaluated regularly to ensure that skin breakdown is not occurring.	YES								
CCR	87625(b)(8)	(8) Privacy shall be afforded when care is provided.	YES								
CCR	87625(b)(9)	(9) Ensuring that fluids are not withheld to control incontinence.	YES								
CCR	87625(b)(10)	(10) Ensuring that an incontinent resident is not catheterized to control incontinence for the convenience of the licensee.	YES								
CCR	87626(a)	(a) Except as specified in Section 87611(a), the licensee shall be permitted to accept or retain a resident who has contractures under the following circumstances:	YES								
CCR	87626(a)(1)	(1) If the contractures do not severely affect functional ability and the resident is able to care for the contractures by him/herself. OR	YES								
CCR	87626(a)(2)	(2) If the contractures do not severely affect functional ability and care and/or supervision is provided by an appropriately skilled professional.	YES								
CCR	87626(b)	(b) In addition to Section 87611(b), licensee shall be responsible for the following:	YES								
CCR	87626(b)(1)	(1) Ensuring that range of motion or other exercise(s), if prescribed by the physician or physical therapist, are performed by an appropriately skilled professional or by facility staff who receive instruction from an appropriately skilled professional.	YES								
CCR	87626(b)(2)	(2) Ensuring that prior to facility staff performing range of motion or other prescribed exercises, there shall be written documentation by the appropriately skilled professional, outlining instruction on the procedures and the names of the facility staff receiving instruction.	YES								
CCR	87626(b)(3)	(3) Ensuring that the professional reviews staff performance as often as necessary, but at least annually.	YES								
CCR	87628(a)	(a) The licensee shall be permitted to accept or retain a resident who has diabetes if the resident is able to perform his/her own glucose testing with blood or urine specimens, and is able to administer his/her own medication including medication administered orally or through injection, or has it administered by an appropriately skilled professional.	YES								
CCR	87628(b)	(b) In addition to Section 87611, General Requirements for Allowable Health Conditions, the licensee shall be responsible for the following:	YES								
CCR	87628(b)(1)	(1) Assisting residents with self-administered medication as specified in Section 87465, Incidental Medical and Dental Care Services.	YES								

CCR	87628(b)(2)	(2) Ensuring that sufficient amounts of medicines, testing equipment, syringes, needles and other supplies are maintained and stored in the facility as specified in Section 87465(c).	YES								
CCR	87628(b)(3)	(3) Ensuring that syringes and needles are disposed of as specified in Section 87303(f)(2).	YES								
CCR	87628(b)(4)	(4) Providing modified diets as prescribed by a resident's physician as specified in Section 87555(b)(7).	YES								
CCR	87629(a)	(a) The licensee shall be permitted to accept or retain a resident who requires intramuscular, subcutaneous, or intradermal injections if the injections are administered by the resident or by an appropriately skilled professional.	YES								
CCR	87629(b)	b) In addition to Section 87611, General Requirements for Allowable Health Conditions, the licensees who admit or retain residents who require injections shall be responsible for the following:	YES								
CCR	87629(b)(1)	(1) Ensuring that injections are administered by an appropriately skilled professional should the resident require assistance.	YES								
CCR	87629(b)(2)	(2) Ensuring that sufficient amounts of medicines, test equipment, syringes, needles and other supplies are maintained in the facility and are stored as specified in Section 87465(c).	YES								
CCR	87629(b)(3)	(3) Ensuring that syringes and needles are disposed of as specified in Section 87303(f)(2).	YES								
CCR	87631(a)	(a) Except as specified in Section 87611(a), the licensee shall be permitted to accept or retain a resident who has a healing wound under the following circumstances:	YES								
CCR	87631(a)(1)	(1) When care is performed by or under the supervision of an appropriately skilled professional.	YES								
CCR	87631(a)(2)	(2) When the wound is the result of surgical intervention and care is performed as directed by the surgeon.	YES								
CCR	87631(a)(3)	(3) Residents with a stage one or two pressure sore (dermal ulcer) must have the condition diagnosed by an appropriately skilled professional.	YES								
CCR	87631(a)(3)(A)	(A) The resident shall receive care for the pressure sore (dermal ulcer) from an appropriately skilled professional.	YES								
CCR	87631(a)(3)(B)	(B) All aspects of care performed by the medical professional and facility staff shall be documented in the resident's file.	YES								
HSC	1569.73(a)	(a) Notwithstanding Section 1569.72 or any other provision of law, a residential care facility for the elderly may obtain a waiver from the department for the purpose of allowing a resident who has been diagnosed as terminally ill by his or her physician and surgeon to remain in the facility, or allowing a person who has been diagnosed as terminally ill by his or her physician and surgeon to become a resident of the facility if that person is already receiving hospice services and would continue to receive hospice services without disruption if he or she became a resident, when all the following conditions are met:									
HSC	1569.73(a)(1)	(1) The facility agrees to retain the terminally ill resident, or accept as a resident the terminally ill person, and to seek a waiver on behalf of the individual, provided the individual has requested the waiver and is capable of deciding to obtain hospice services.									
HSC	1569.73(a)(2)	(2) The terminally ill resident, or the terminally ill person to be accepted as a resident, has obtained the services of a hospice certified in accordance with federal medicare conditions of participation and licensed pursuant to Chapter 8 (commencing with Section 1725) or Chapter 8.5 (commencing with Section 1745).									

HSC	1569.73(a)(3)	(3) The facility, in the judgment of the department, has the ability to provide care and supervision appropriate to meet the needs of the terminally ill resident or the terminally ill person to be accepted as a resident, and is in substantial compliance with regulations governing the operation of residential care facilities for the elderly.									
HSC	1569.73(a)(4)	(4) The hospice has agreed to design and provide for care, services, and necessary medical intervention related to the terminal illness as necessary to supplement the care and supervision provided by the facility.									
HSC	1569.73(a)(5)	(5) An agreement has been executed between the facility and the hospice regarding the care plan for the terminally ill resident or terminally ill person to be accepted as a resident. The care plan shall designate the primary caregiver, identify other caregivers, and outline the tasks the facility is responsible for performing and the approximate frequency with which they shall be performed. The care plan shall specifically limit the facility's role for care and supervision to those tasks allowed under this chapter.									
HSC	1569.73(a)(6)	(6) The facility has obtained the agreement of those residents who share the same room with the terminally ill resident, or any resident who will share a room with the terminally ill person to be accepted as a resident, to allow the hospice caregivers into their residence.									
CCR	87632(a)	(a) In order to accept or retain terminally ill residents and permit them to receive care from a hospice agency, the licensee shall have obtained a facility hospice care waiver from the Department. To obtain this waiver the licensee shall submit a written request for a waiver to the Department on behalf of any residents who may request retention, and any future residents who may request acceptance, along with the provision of hospice services in the facility. The request shall include, but not be limited to the following:									
CCR	87632(a)(1)	(1) Specification of the maximum number of terminally ill residents which the facility wants to have at any one time.									
CCR	87632(a)(2)	(2) A statement by the licensee that they have read, Section 87633, Hospice Care for Terminally Ill Residents, this section, and all other requirements within Chapter 8 of Title 22 of the California Code of Regulations governing Residential Care Facilities for the Elderly and that they will comply with these requirements.									
CCR	87632(a)(3)	(3) A statement by the licensee that the terms and conditions of all hospice care plans which are designated as the responsibility of the licensee, or under the control of the licensee, shall be adhered to by the licensee.									
CCR	87632(a)(4)	(4) A statement by the licensee that an agreement with the hospice agency will be entered into regarding the care plan for the terminally ill resident to be accepted and/or retained in the facility. The agreement with hospice shall design and provide for the care, services, and necessary medical intervention related to the terminal illness as necessary to supplement the care and supervision provided by the licensee.									
HSC	1569.73(b)	b) At any time that the licensed hospice, the facility, or the terminally ill resident determines that the resident's condition has changed so that continued residence in the facility will pose a threat to the health and safety to the terminally ill resident or any other resident, the facility may initiate procedures for a transfer.	YES								
HSC	1569.73(c)	(c) A facility that has obtained a hospice waiver from the department pursuant to this section need not call emergency response services at the time of a life-threatening emergency if the hospice agency is notified instead and all of the following conditions are met:	YES								
HSC	1569.73(c)(1)	(1) The resident is receiving hospice services from a licensed hospice agency.	YES								
HSC	1569.73(c)(2)	(2) The resident has completed an advance directive, as defined in Section 4605 of the Probate Code, requesting to forego resuscitative measures.	YES								
HSC	1569.73(c)(3)	(3) The facility has documented that facility staff have received training from the hospice agency on the expected course of the resident's illness and the symptoms of impending death.	YES								

CCR	87632(d)	(d) If the Department grants a hospice care waiver it shall stipulate terms and conditions of the waiver as necessary to ensure the well-being of terminally ill residents and of all other facility residents, which shall include, but not be limited to, the following requirements:	YES								
CCR	87632(d)(1)	(1) A written request shall be signed by each terminally ill resident or prospective resident upon admission, or by the resident's or prospective resident's health care surrogate decision maker to allow for his or her acceptance or retention in the facility while receiving hospice services.	YES								
CCR	87632(d)(1)(A)	(A) The request shall be maintained in the resident's record at the facility, as specified in Section 87633(h)(1).	YES								
CCR	87632(d)(2)	(2) The licensee shall notify the Department in writing within five working days of the initiation of hospice care services for any terminally ill resident in the facility or within five working days of admitting a resident already receiving hospice care services. The notice shall include the resident's name and date of admission to the facility and the name and address of the hospice.	YES								
HSC	1569.73(h)	(h) Nothing in this section shall be construed to relieve a licensed residential care facility for the elderly of its responsibility to notify the appropriate fire authority of the presence of a bedridden resident in the facility as required under subdivision (f) of Section 1569.72, and to obtain and maintain a fire clearance as required under Section 1569.149.	YES								
CCR	87633(a)	(a) The licensee shall be permitted to accept or retain residents who have been diagnosed as terminally ill by his or her physician and surgeon and who may or may not have restrictive and/or prohibited health conditions, to reside in the facility and receive hospice services from a hospice agency in the facility, when all of the following conditions are met:									
CCR	87633(a)(1)	(1) The licensee has received a hospice care waiver from the department.									
CCR	87633(a)(2)	(2) The licensee remains in substantial compliance with the requirements of this section, with the provisions of the Residential Care Facilities for the Elderly Act (Health and Safety Code Section 1569 et seq.), all other requirements of Chapter 8 of Title 22 of the California Code of Regulations governing Residential Care Facilities for the Elderly, and with all terms and conditions of the waiver.									
CCR	87633(a)(3)	(3) Hospice agency services are contracted for by each terminally ill resident or prospective resident individually, or the resident's or prospective resident's Health Care Surrogate Decision Maker if the resident or prospective resident is incapacitated, not by the licensee on behalf of a resident or prospective resident. These hospice agency services must be provided by a hospice agency both licensed by the state and certified by the federal Medicare program.									
CCR	87633(a)(4)	(4) A written hospice care plan which specifies the care, services, and necessary medical intervention related to the terminal illness as necessary to supplement the care and supervision provided by the facility is developed for each terminally ill resident or prospective resident by that resident's hospice agency and agreed to by the licensee and the resident, or prospective resident, or the resident's or prospective resident's Health Care Surrogate Decision Maker, if any, prior to the initiation of hospice services in the facility for that resident, and all hospice care plans are fully implemented by the licensee and by the hospice(s).									
CCR	87633(a)(5)	(5) The acceptance or retention of any terminally ill resident or prospective resident in the facility does not represent a threat to the health and safety of any facility resident, or result in a violation of the personal rights of any facility resident.									
CCR	87633(a)(6)	(6) The hospice agency and the resident or prospective resident agree to provide the licensee with all information necessary to allow the licensee to comply with all regulations and to assure that the resident's or prospective resident's needs will be met.									
CCR	87633(b)	(b) A current and complete hospice care plan shall be maintained in the facility for each hospice resident and include the following:									

CCR	87633(b)(1)	(1) The name, office address, business telephone number, and 24-hour emergency telephone number of the hospice agency and the resident's physician.									
CCR	87633(b)(2)	(2) A description of the services to be provided in the facility by the hospice agency, including but not limited to the type and frequency of services to be provided.									
CCR	87633(b)(3)	(3) Designation of the resident's primary contact person at the hospice agency, and resident's primary and alternate care giver at the facility.									
CCR	87633(b)(4)	(4) A description of the licensee's area of responsibility for implementing the plan including, but not limited to, facility staff duties; record keeping; and communication with the hospice agency, resident's physician, and the resident's responsible person(s), if any. This description shall include the type and frequency of the tasks to be performed by the facility.									
CCR	87633(b)(4)(A)	(A) The plan shall specify all procedures to be implemented by the licensee regarding the storage and handling of medications or other substances, and the maintenance and use of medical supplies, equipment, or appliances.									
CCR	87633(b)(4)(B)	(B) The plan shall specify, by name or job function, the licensed health care professional on the hospice agency staff who will control and supervise the storage and administration of all controlled drugs (Schedule II-V) for the hospice client. Facility staff can assist hospice residents with self-medications without hospice personnel being present.									
CCR	87633(b)(4)(C)	(C) The plan shall neither require nor recommend that the licensee or any facility personnel other than a physician or appropriately skilled professional implement any health care procedure which may legally be provided only be a physician or appropriately skilled professional.									
CCR	87633(b)(5)	(5) A description of all hospice services to be provided or arranged in the facility by persons other than the licensee, facility personnel, or the hospice agency including, but not limited to, clergy and the resident's family members and friends.									
CCR	87633(b)(6)	(6) Identification of the training needed, which staff members need this training, and who will provide the training relating to the licensee's responsibilities for implementation of the hospice care plan.									
CCR	87633(b)(6)(A)	(A) The training shall include but not be limited to typical needs of hospice patients, such as turning and incontinence care to prevent skin breakdown, hydration, and infection control.									
CCR	87633(b)(6)(B)	(B) The hospice agency will provide training specific to the current and ongoing needs of the individual resident receiving hospice care and that training must be completed before hospice care to the resident begins.									
CCR	87633(b)(7)	(7) Any other information deemed necessary by the Department to ensure that the terminally ill resident's needs for health care, personal care, and supervision are met.									
CCR	87633(c)	(c) The licensee shall ensure that the hospice care plan complies with the requirements of this section, with the provisions of the Residential Care Facilities for the Elderly Act (Health and Safety Code Section 1569 et seq.), and all other requirements of Chapter 8 of Title 22 of the California Code of Regulations governing Residential Care Facilities for the Elderly.									
CCR	87633(d)	(d) The licensee shall ensure that the hospice care plan is current, accurately matches the services actually being provided, and that the client's care needs are being met at all times.									
CCR	87633(e)	(e) The Department may require that the licensee obtain a revision of the hospice care plan if the plan is not fully implemented, or if the Department has determined that revision of the plan is necessary to protect the health and safety of any facility resident.									

CCR	87633(f)	(f) The licensee shall maintain a record of all hospice-related training provided to the licensee or facility personnel for a period of three years. This record shall be available for review by the Department.									
CCR	87633(f)(1)	(1) The record of each training session shall specify the names and credentials of the trainer, the persons in attendance, the subject matter covered, and the date and duration of the training session.									
CCR	87633(g)	(g) In addition to the reporting requirements specified in Section 87211, Reporting Requirements, the licensee shall submit a report to the Department when a terminally ill resident's hospice services are interrupted or discontinued for any reason other than the death of the resident, including refusal of hospice care or discharge from hospice. The licensee shall also report any deviation from the resident's hospice care plan, or other incident, which threatens the health and safety of any resident.									
CCR	87633(g)(1)	(1) Such reports shall be made by telephone within one working day, and in writing within five working days, and shall specify all of the following:									
CCR	87633(g)(1)(A)	(A) The name, age, sex of each affected resident.									
CCR	87633(g)(1)(B)	(B) The date and nature of the event and explanatory background information leading up to the event.									
CCR	87633(g)(1)(C)	(C) The name and business telephone number of the hospice agency.									
CCR	87633(g)(1)(D)	(D) Actions taken by the licensee and any other parties to resolve the reportable event and to prevent similar occurrences in the future.									
CCR	87633(h)	(h) For each terminally ill resident receiving hospice services in the facility, the licensee shall maintain the following in the resident's record:									
CCR	87633(h)(1)	(1) A written request for acceptance or admittance to or retention in the facility while receiving hospice services, along with any advance directive and/or request regarding resuscitative measures form executed by the resident or (in certain instances) the resident's Health Care Surrogate Decision Maker.									
CCR	87633(h)(2)	(2) The name, address, telephone number, and 24-hour emergency telephone number of the hospice agency and the resident's Health Care Surrogate Decision Maker, if any, in a manner that is readily available to the resident, the licensee, and facility staff.									
CCR	87633(h)(3)	(3) A copy of the written certification statement of the resident's terminal illness from the medical director of the hospice or the physician member of the hospice interdisciplinary group and the individual's attending physician, if the individual has an attending physician.									
CCR	87633(h)(4)	(4) A copy of the resident's current hospice care plan approved by the licensee, the hospice agency, and the resident, or the resident's Health Care Surrogate Decision Maker if the resident is incapacitated.									
CCR	87633(h)(5)	(5) A statement signed by the resident's roommate, if any, or any resident who will share a room with a person who is terminally ill to be accepted or retained as a resident, indicating his or her acknowledgment that the resident intends to receive hospice care in the facility for the remainder of the resident's life, and the roommate's voluntary agreement to grant access to the shared living space to hospice caregivers, and the resident's support network of family members, friends, clergy, and others.									
CCR	87633(h)(5)(A)	(A) If the roommate withdraws the agreement verbally or in writing, the licensee shall make alternative arrangements which fully meet the needs of the hospice resident.									
CCR	87633(i)	(i) Prescription medications no longer needed shall be disposed of in accordance with Section 87465(i).									

CCR	87633(j)	(j) A written health condition exception request and approval from the Department in accordance with Section 87616, is not needed for any restricted health conditions listed in Section 87612, Restricted Health Conditions, or for any prohibited health conditions listed in Section 87615, Prohibited Health Conditions, provided the resident or prospective resident has been diagnosed as terminally ill and is currently receiving hospice care in compliance with Section 87633, Hospice Care for Terminally Ill Residents, and the treatment of the restricted and/or prohibited health conditions is addressed in the hospice care plan.									
CCR	87633(j)(1)	(1) In caring for a resident's health condition, facility staff, other than appropriately skilled health professionals, shall not perform any health care procedure that under law may only be performed by an appropriately skilled professional.									
CCR	87633(k)	(k) The licensee shall maintain a record of dosages of medications that are centrally stored for each resident receiving hospice services in the facility.									
CCR	87633(l)	(l) Residents receiving hospice care or prospective residents already receiving hospice care when accepted as residents who are bedridden, may reside in the facility provided the facility meets the requirements of Section 87606, Care of Bedridden Residents.									
CCR	87637(b)	(b) When the Department orders the relocation of a resident, the following shall apply:	YES								
CCR	87637(b)(2)	(2) The licensee shall prepare a written relocation plan in any instance where the Department does not suspend the facility license. The plan shall contain all necessary steps to be taken to reduce stress to the resident which may result in transfer trauma, and shall include but not be limited to:	YES								
CCR	87637(b)(2)(A)	(A) A specific date for beginning and a specific date for completion of the process of safely relocating the resident. The time frame for relocation may provide for immediate relocation but shall not exceed 30 days.	YES								
CCR	87637(b)(2)(B)	(B) A specific date when the resident and the resident's responsible person, if any, shall be notified of the need for relocation.	YES								
CCR	87637(b)(2)(C)	(C) A specific date when consultation with the resident's physician, and hospice agency, if any, shall occur to obtain a current medical assessment of the resident's health needs, to determine the appropriate facility type for relocation and to ensure that the resident's health care needs continue to be met at all times during the relocation process.	YES								
CCR	87637(b)(2)(D)	(D) The method by which the licensee shall participate in the identification of an acceptable relocation site with the resident and the responsible person, if any. The licensee shall advise the resident and/or the responsible person that if the resident is to be moved to another residential care facility for the elderly, a determination must be made that the resident's needs can be legally met in the new facility before the move is made. If the resident's needs cannot be legally met in the new facility, the resident must be moved to a facility licensed to provide the necessary care.	YES								
CCR	87637(b)(2)(E)	(E) A list of contacts made or to be made by the licensee with community resources, including but not limited to, social workers, family members, Long Term Care Ombudsman, clergy, Multipurpose Senior Services Programs and others as appropriate to ensure that services are provided to the resident before, during and after the move. The need for the move shall be discussed with the resident and the resident assured that support systems will remain in place.	YES								
CCR	87637(b)(2)(F)	(F) Measures to be taken until relocation to protect the resident and/or meet the resident's health and safety needs.	YES								
CCR	87637(b)(2)(G)	(G) An agreement to notify the Department when the relocation has occurred, including the resident's new address, if known.	YES								

CCR	87637(b)(3)	(3) The relocation plan shall be submitted in writing to the Department within the time set forth in the LIC 809 (Rev. 5/88) Licensing Report by the Department that the resident requires health services that the facility cannot legally provide.	YES								
CCR	87637(b)(4)	(4) Any changes in the relocation plan shall be submitted in writing to the Department. The Department shall have the authority to approve, disapprove or modify the plan.	YES								
CCR	87637(b)(5)	(5) If relocation of more than one (1) resident is required, a separate plan shall be prepared and submitted in writing for each resident.	YES								
CCR	87637(b)(6)	(6) The licensee shall comply with all terms and conditions of the approved plan. No written or oral contract with any other person shall release the licensee from the responsibility specified in this section or Section 87223, Relocation of Residents, for relocating a resident who has a health condition(s) which cannot be cared for in the facility and/or which requires inpatient care in a licensed health facility, nor from taking all necessary actions to reduce stress to the resident.	YES								
CCR	87637(b)(7)	(7) In cases where the Department determines that the resident is in imminent danger because of a health condition(s) which cannot be cared for in the facility or which requires inpatient care in a licensed health facility, the Department shall order the licensee to immediately relocate the resident.	YES								
CCR	87637(b)(7)(A)	(A) No written relocation plan is necessary in cases of immediate relocation.	YES								
CCR	87637(c)	(c) In all cases when a resident must be relocated, the licensee shall not obstruct the relocation process and shall cooperate with the Department in the relocation process. Such cooperation shall include, but not be limited to, the following activities:	YES								
CCR	87637(c)(1)	(1) Identifying and preparing for removal of the medications, Medi-Cal or Medicare or other medical insurance documents, clothing, safeguarded cash resources, valuables and other belongings of the resident.	YES								
CCR	87637(c)(2)	(2) Contacting the person responsible for the resident to assist in transporting him or her, if necessary.	YES								
CCR	87637(c)(3)	(3) Contacting other suitable facilities for placement, if necessary.	YES								
CCR	87637(c)(4)	(4) Providing access to resident's files when required by the Department.	YES								
CCR	87638(a)	(a) A resident, or the resident's responsible person, if any, shall be permitted to request a review and determination of the Department's health condition relocation order by the interdisciplinary team.	YES								
CCR	87638(a)(1)	(1) If the resident has no responsible person, as defined in Section 87101, the Long-Term Care Ombudsman and/or the resident's representative payee, if any, shall be permitted to submit a request for review and determination on behalf of the resident.	YES								
CCR	87638(b)	(b) The resident, or the resident's responsible person, if any, shall have three (3) working days, from receipt of the relocation order, to submit to the licensee a written, signed and dated request for a review and determination by the interdisciplinary team.	YES								
CCR	87638(b)(1)	(1) For purposes of this section, a working day is any day except Saturday, Sunday or an official state holiday.	YES								
CCR	87638(c)	c) The licensee shall mail or deliver such a request to the Department within two (2) working days of receipt.	YES								
CCR	87638(c)(1)	(1) Failure or refusal to do so may result in civil penalties, as provided in Section 87761, Penalties.	YES								
CCR	87638(e)	(e) Within ten (10) working days from the date of the resident's review request, the licensee shall submit to the Department the documentation specified in Section 87638(g) to complete the resident's review request.	YES								

CCR	87638(f)	(f) The licensee shall cooperate with the resident, or the resident's responsible person, if any, in gathering the documentation to complete the resident's review request.	YES								
CCR	87638(g)	(g) The documentation to complete the resident's review request shall include, but not be limited to, the following:	YES								
CCR	87638(g)(1)	(1) The reason(s) for disagreeing that the resident has the health condition identified in the relocation order and why the resident believes he/she may legally continue to reside in a residential care facility for the elderly.	YES								
CCR	87638(g)(2)	(2) A current medical assessment signed by the resident's physician.	YES								
CCR	87638(g)(2)(A)	(A) For purposes of this section, this assessment shall include the information specified in Sections 87611(a)(1)(A) through (E).	YES								
CCR	87638(g)(2)(B)	(B) For purposes of this section "current" shall mean a medical assessment completed on or after the date of the relocation order.	YES								
CCR	87638(g)(3)	(3) An appraisal or reappraisal of the resident as specified in Sections 87457(c)(1) and 87463, Reappraisals.	YES								
CCR	87638(g)(A)	(A) The licensee shall be permitted to use the form LIC 603 (Rev. 6/87), Preplacement Appraisal Information, to document the appraisal or reappraisal.	YES								
CCR	87638(g)(4)	(4) A written statement from a placement agency, if any, currently involved with the resident, addressing the relocation order.	YES								
CCR	87639(a)	(a) For purposes of this article, any request for administrative review of a notice of deficiency, notice of penalty, or health condition relocation order shall be submitted by the licensee or his/her designated representative in writing to the Department and, in addition to the requirements of Section 87763, Appeal Process, shall include the following:	YES								
CCR	87639(a)(1)	(1) The reason(s) the licensee disagrees with the notice or order.	YES								
CCR	87639(a)(2)	(2) Information about the resident as specified in Section 87611(a).	YES								
CCR	87639(a)(3)	(3) A current appraisal or reappraisal of the resident as specified in Sections 87457(c)(1) and 87463, Reappraisals.	YES								
CCR	87639(a)(4)	(4) A written statement from the resident's placement agency, if any, addressing the notice or order.	YES								
CCR	87705(a)	(a) This section applies to licensees who accept or retain residents diagnosed by a physician to have dementia. Mild cognitive impairment, as defined in Section 87101(m), is not considered to be dementia.	YES								
CCR	87705(b)	(b) In addition to the requirements as specified in Section 87208, Plan of Operation, the plan of operation shall address the needs of residents with dementia, including:									
CCR	87705(b)(1)	(1) Procedures for notifying the resident's physician, family members and responsible persons who have requested notification, and conservator, if any, when a resident's behavior or condition changes.									
CCR	87705(b)(2)	(2) Safety measures to address behaviors such as wandering, aggressive behavior and ingestion of toxic materials.									
CCR	87705(c)	(c) Licensees who accept and retain residents with dementia shall be responsible for ensuring the following:									
CCR	87705(c)(1)	(1) The facility has a nonambulatory fire clearance for each room that will be used to accommodate a resident with dementia who is unable to or unlikely to respond either physically or mentally to oral instructions relating to fire or other dangers and to independently take appropriate actions during emergencies or drills.									
CCR	87705(c)(2)	(2) The Emergency Disaster Plan, as required in Section 87212, addresses the safety of residents with dementia.									

CCR	87705(c)(3)	(3) In addition to the on-the-job training requirements in Section 87411(d), staff who provide direct care to residents with dementia shall receive the following training as appropriate for the job assigned and as evidenced by safe and effective job performance:									
CCR	87705(c)(3)(A)	(A) Dementia care including, but not limited to, knowledge about hydration, skin care, communication, therapeutic activities, behavioral challenges, the environment, and assisting with activities of daily living;									
CCR	87705(c)(3)(B)	(B) Recognizing symptoms that may create or aggravate dementia behaviors, including, but not limited to, dehydration, urinary tract infections, and problems with swallowing; and									
CCR	87705(c)(3)(C)	(C) Recognizing the effects of medications commonly used to treat the symptoms of dementia.									
CCR	87705(c)(4)	(4) There is an adequate number of direct care staff to support each resident's physical, social, emotional, safety and health care needs as identified in his/her current appraisal.									
CCR	87705(c)(4)(A)	(A) In addition to requirements specified in Section 87415, Night Supervision, a facility with fewer than 16 residents shall have at least one night staff person awake and on duty if any resident with dementia is determined through a pre-admission appraisal, reappraisal or observation to require awake night supervision.									
CCR	87705(c)(5)	(5) Each resident with dementia shall have an annual medical assessment as specified in Section 87458, Medical Assessment, and a reappraisal done at least annually, both of which shall include a reassessment of the resident's dementia care needs.									
CCR	87705(c)(5)(A)	(A) When any medical assessment, appraisal, or observation indicates that the resident's dementia care needs have changed, corresponding changes shall be made in the care and supervision provided to that resident.									
CCR	87705(c)(6)	(6) Appraisals are conducted on an ongoing basis pursuant to Section 87463, Reappraisals.									
CCR	87705(c)(7)	(7) An activity program shall address the needs and limitations of residents with dementia and include large motor activities and perceptual and sensory stimulation.									
CCR	87705(d)	(d) In addition to requirements specified in Section 87303, Maintenance and Operation, safety modifications shall include, but not be limited to, inaccessibility of ranges, heaters, wood stoves, inserts, and other heating devices to residents with dementia.									
CCR	87705(e)	(e) Swimming pools and other bodies of water shall be fenced and in compliance with state and local building codes.									
CCR	87705(f)	(f) The following shall be stored inaccessible to residents with dementia:									
CCR	87705(f)(1)	(1) Knives, matches, firearms, tools and other items that could constitute a danger to the resident(s).									
CCR	87705(f)(2)	(2) Over-the-counter medication, nutritional supplements or vitamins, alcohol, cigarettes, and toxic substances such as certain plants, gardening supplies, cleaning supplies and disinfectants.									
CCR	87705(g)	(g) As required by Section 87468(a)(12), residents with dementia shall be allowed to keep personal grooming and hygiene items in their own possession, unless there is evidence to substantiate that the resident cannot safely manage the items.									
CCR	87705(g)(1)	(1) Evidence means documentation from the resident's physician that the resident is at risk if allowed direct access to personal grooming and hygiene items.									
CCR	87705(h)	(h) Outdoor facility space used for resident recreation and leisure shall be completely enclosed by a fence with self-closing latches and gates, or walls, to protect the safety of residents.									

CCR	87705(i)	(i) The licensee may use wrist bands or other egress alert devices worn by the resident, with the prior written approval of the resident or conservator, provided that such devices do not violate the resident's rights as specified in Section 87468, Personal Rights.									
CCR	87705(j)	(j) The licensee shall have an auditory device or other staff alert feature to monitor exits, if exiting presents a hazard to any resident.									
CCR	87705(k)	(k) The following initial and continuing requirements must be met for the licensee to utilize delayed egress devices on exterior doors or perimeter fence gates:									
CCR	87705(k)(1)	(1) The licensee shall notify the licensing agency immediately after determining the date that the device will be installed.									
CCR	87705(k)(2)	(2) The licensee shall ensure that the fire clearance includes approval of delayed egress devices.									
CCR	87705(k)(3)	(3) Fire and earthquake drills shall be conducted at least once every three months on each shift and shall include, at a minimum, all direct care staff.									
CCR	87705(k)(4)	(4) Without violating Section 87468, Personal Rights, facility staff shall attempt to redirect a resident who attempts to leave the facility.									
CCR	87705(k)(5)	(5) Residents who continue to indicate a desire to leave the facility following redirection shall be permitted to do so with staff supervision.									
CCR	87705(k)(6)	(6) Without violating Section 87468, Personal Rights, facility staff shall ensure the continued safety of residents if they wander away from the facility.									
CCR	87705(k)(7)	(7) For each incident in which a resident wanders away from the facility unsupervised, the licensee shall report the incident to the licensing agency, the resident's conservator and/or other responsible person, if any, and to any family member who has requested notification. The report shall be made by telephone no later than the next working day and in writing within seven calendar days.									
CCR	87705(k)(8)	(8) Delayed egress devices shall not substitute for trained staff in sufficient numbers to meet the care and supervision needs of all residents and to escort residents who leave the facility.									
CCR	87705(k)(9)	(9) The licensee shall not accept or retain residents determined by a physician to have a primary diagnosis of a mental disorder unrelated to dementia.									
CCR	87705(l)	(l) The following initial and continuing requirements shall be met for the licensee to lock exterior doors or perimeter fence gates:									
CCR	87705(l)(1)	(1) Licensees shall notify the licensing agency of their intention to lock exterior doors and/or perimeter fence gates.									
CCR	87705(l)(2)	(2) The licensee shall ensure that the fire clearance includes approval of locked exterior doors or locked perimeter fence gates.									
CCR	87705(l)(3)	(3) The licensee shall obtain a waiver from Section 87468(a)(6), to prevent residents from leaving the facility.									
CCR	87705(l)(3)(A)	(A) Facility staff shall attempt to redirect any unaccompanied resident(s) leaving the facility.									
CCR	87705(l)(4)	(4) The licensee shall maintain either of the following documents in the resident's record at the facility:									
CCR	87705(l)(4)(A)	(A) The conservator's written consent for admission for each resident who has been conserved under the Probate Code or the Lanterman-Petris-Short Act; or									
CCR	87705(l)(4)(B)	(B) A written statement signed by each non-conserved resident that states the resident understands that the facility has exterior door locks or perimeter fence gate locks and that the resident voluntarily consents to admission.									
CCR	87705(l)(5)	(5) Interior and exterior space shall be available on the facility premises to permit residents with dementia to wander freely and safely.									

CCR	87705(l)(6)	(6) Locked exterior doors or perimeter fences with locked gates shall not substitute for trained staff in sufficient numbers to meet the care and supervision needs of all residents.									
CCR	87705(l)(7)	(7) The licensee shall not accept or retain residents determined by a physician to have a primary diagnosis of a mental disorder unrelated to dementia.									
CCR	87705(l)(8)	(8) Fire and earthquake drills shall be conducted at least once every three months on each shift and shall include, at a minimum, all direct care staff.									

Requirement		Incidental Medical and Dental	Specialty	In Compliance?			Deficiency Type				
Type	Section	Regulation/Statute Language	Tool	Yes	No	N/A	Type A	Type B	TV	TA	Notes
CCR	87465(a)	(a) A plan for incidental medical and dental care shall be developed by each facility. The plan shall encourage routine medical and dental care and provide for assistance in obtaining such care, by compliance with the following:									
CCR	87465(a)(1)	(1) The licensee shall arrange, or assist in arranging, for medical and dental care appropriate to the conditions and needs of residents.									
CCR	87465(a)(2)	(2) The licensee shall provide assistance in meeting necessary medical and dental needs. This includes transportation which may be limited to the nearest available medical or dental facility which will meet the resident's need. In providing transportation the licensee shall do so directly or make arrangements for this service.									
CCR	87465(a)(3)	(3) There shall be arrangements for separation and care of residents whose illness requires separation from others.									
CCR	87465(a)(4)	(4) When residents require prosthetic devices, vision and hearing aids, the staff shall be familiar with the use of these devices, and shall assist such persons with their utilization as needed.									
CCR	87465(a)(5)	(5) The licensee shall assist residents with self-administered medications as needed.									
CCR	87465(a)(6)	(6) Facility staff, except those authorized by law, shall not administer injections, but staff designated by the licensee may assist persons with self-administration as needed. Assistance with self-administered medications shall be limited to the following:									
CCR	87465(a)(6)(A)	(A) Medications usually prescribed for self-administration which have been authorized by the person's physician.									
CCR	87465(a)(6)(B)	(B) Medications during an illness determined by a physician to be temporary and minor.									
CCR	87465(a)(6)(C)	(C) Assistance required because of tremor, failing eyesight and similar conditions.									
CCR	87465(a)(6)(D)	(D) Assistance with self-administration does not include forcing a resident to take medications, hiding or camouflaging medications in other substances without the resident's knowledge and consent, or otherwise infringing upon a resident's right to refuse to take a medication.									
CCR	87465(a)(7)	(7) When requested by the prescribing physician or the Department, a record of dosages of medications which are centrally stored shall be maintained by the facility.									
CCR	87465(a)(8)	(8) There shall be adequate privacy for first aid treatment of minor injuries and for examination by a physician if required.									
HSC	1569.69(g)	(g) Residential care facilities for the elderly licensed to provide care for 16 or more persons shall maintain documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility's medication management program and procedures at least twice a year.	YES								
HSC	1569.314	A residential care facility for the elderly shall not require residents to purchase medications, or rent or purchase medical supplies or equipment, from any particular pharmacy or other source. This section shall not preclude a residential care facility for the elderly from requiring that residents who need assistance with the purchasing, storing, or taking of medications comply with the facility's policies and procedures regarding storage of medications and methods of assisting residents with the taking of medications, if the policies and procedures are reasonably necessary and meet the intent of state or federal regulations.	YES								
HSC	1569.69(h)	(h) Nothing in this section authorizes unlicensed personnel to directly administer medications.	YES								

CCR	87465(a)(9)	(9) If a facility has no medical unit on the grounds, a complete first aid kit shall be maintained and be readily available in a specific location in the facility. The kit shall be a general type approved by the American Red Cross, or shall contain at least the following:									
CCR	87465(a)(9)(A)	(A) A current edition of a first aid manual approved by the American Red Cross, the American Medical Association or a state or federal health agency.									
CCR	87465(a)(9)(B)	(B) Sterile first aid dressings.									
CCR	87465(a)(9)(C)	(C) Bandages or roller bandages.									
CCR	87465(a)(9)(D)	(D) Scissors.									
CCR	87465(a)(9)(E)	(E) Tweezers.									
CCR	87465(a)(9)(F)	(F) Thermometers.									
CCR	87465(f)	(f) Emergency care requirements shall include the following:									
CCR	87465(f)(1)	(1) The name, address, and telephone number of each resident's physician and dentist shall be readily available to that resident, the licensee, and facility staff.									
CCR	87465(f)(2)	(2) The name, address and telephone number of each emergency agency to be called in the event of an emergency, including but not limited to the fire department, crisis center or paramedical unit or medical resource, shall be posted in a location visible to both staff and residents.									
CCR	87465 (f)(3)	(3) The name and telephone number of an ambulance service shall be readily available.									
CCR	87465(g)	(g) The licensee shall immediately telephone 9-1-1 if an injury or other circumstance has resulted in an imminent threat to a resident's health including, but not limited to, an apparent life-threatening medical crisis except as specified in Sections 87469(c)(2), (c)(3), or (c)(4).									
CCR	87465(h)	(h) The following requirements shall apply to medications which are centrally stored:									
CCR	87465(h)(1)	(1) Medications shall be centrally stored under the following circumstances:									
CCR	87465(h)(1)(A)	(A) The preservation of medicines requires refrigeration, if the resident has no private refrigerator.									
CCR	87465(h)(1)(B)	(B) Any medication is determined by the physician to be hazardous if kept in the personal possession of the person for whom it was prescribed.									
CCR	87465(h)(1)(C)	(C) Because of potential dangers related to the medication itself, or due to physical arrangements in the facility and the condition or the habits of other persons in the facility, the medications are determined by either a physician, the administrator, or Department to be a safety hazard to others.									
CCR	87465(h)(2)	(2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.									
CCR	87465(h)(3)	(3) Each container shall carry all of the information specified in (6)(A) through (E) below plus expiration date and number of refills.	YES								
CCR	87465(h)(4)	(4) All centrally stored medications shall be labeled and maintained in compliance with state and federal laws. No persons other than the dispensing pharmacist shall alter a prescription label.	YES								
CCR	87465(h)(5)	(5) Each resident's medication shall be stored in its originally received container. No medications shall be transferred between containers.	YES								
CCR	87465(h)(6)	(6) The licensee shall be responsible for assuring that a record of centrally stored prescription medications for each resident is maintained for at least one year and includes:	YES								
CCR	87465(h)(6)(A)	(A) The name of the resident for whom prescribed.	YES								

CCR	87465(h)(6)(B)	(B) The name of the prescribing physician.	YES									
CCR	87465(h)(6)(C)	(C) The drug name, strength and quantity.	YES									
CCR	87465(h)(6)(D)	(D) The date filled.	YES									
CCR	87465(h)(6)(E)	(E) The prescription number and the name of the issuing pharmacy.	YES									
CCR	87465(h)(6)(F)	(F) Instructions, if any, regarding control and custody of the medication.	YES									
CCR	87465(b)	(b) If the resident's physician has stated in writing that the resident is able to determine and communicate his/her need for a prescription or nonprescription PRN medication, facility staff shall be permitted to assist the resident with self-administration of his/her PRN medication.										
CCR	87465(c)	(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met:										
CCR	87465(c)(1)	(1) There is written direction from a physician, on a prescription blank, specifying the name of the resident, the name of the medication, all of the information specified in Section 87465(e), instructions regarding a time or circumstance (if any) when it should be discontinued, and an indication of when the physician should be contacted for a medication reevaluation.										
CCR	87465(c)(2)	(2) Once ordered by the physician the medication is given according to the physician's directions.										
CCR	87465(c)(3)	(3) A record of each dose is maintained in the resident's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the resident's response.										
CCR	87465(d)	(d) If the resident is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to communicate his/her symptoms clearly, facility staff designated by the licensee, shall be permitted to assist the resident with self-administration, provided all of the following requirements are met:										
CCR	87465(d)(1)	(1) Facility staff shall contact the resident's physician prior to each dose, describe the resident's symptoms, and receive direction to assist the resident in self-administration of that dose of medication.										
CCR	87465(d)(2)	(2) The date and time of each contact with the physician, and the physician's directions, shall be documented and maintained in the resident's facility record.										
CCR	87465(d)(3)	(3) The date and time the PRN medication was taken, the dosage taken, and the resident's response shall be documented and maintained in the resident's facility record.										
CCR	87465(e)	(e) For every prescription and nonprescription PRN medication for which the licensee provides assistance there shall be a signed, dated written order from a physician on a prescription blank, maintained in the resident's file, and a label on the medication. Both the physician's order and the label shall contain at least all of the following information.										
CCR	87465(e)(1)	(1) The specific symptoms which indicate the need for the use of the medication.										
CCR	87465(e)(2)	(2) The exact dosage.										
CCR	87465(e)(3)	(3) The minimum number of hours between doses.										
CCR	87465(e)(4)	(4) The maximum number of doses allowed in each 24-hour period.										

CCR	87465(j)	(j) In all facilities licensed for sixteen (16) persons or more, one or more employees shall be designated as having primary responsibility for assuring that each resident receives needed first aid and needed emergency medical services and for assisting residents as needed with self-administration of medications. The names of the staff employees so responsible and the designated procedures shall be documented and made known to all residents and staff.	YES								
CCR	87455(a)	(a) Acceptance or retention of residents by a facility shall be in accordance with the criteria specified in this article 8 and Section 87605, Health and Safety Protection, and the following.	YES								
CCR	87628(a)	(a) The licensee shall be permitted to accept or retain a resident who has diabetes if the resident is able to perform his/her own glucose testing with blood or urine specimens, and is able to administer his/her own medication including medication administered orally or through injection, or has it administered by an appropriately skilled professional.	YES								
CCR	87628(b)	(b) In addition to Section 87611, General Requirements for Allowable Health Conditions, the licensee shall be responsible for the following:	YES								
CCR	87628(b)(1)	(1) Assisting residents with self-administered medication as specified in Section 87465, Incidental Medical and Dental Care Services.	YES								
CCR	87628(b)(2)	(2) Ensuring that sufficient amounts of medicines, testing equipment, syringes, needles and other supplies are maintained and stored in the facility as specified in Section 87465(c).	YES								
CCR	87628(b)(3)	(3) Ensuring that syringes and needles are disposed of as specified in Section 87303(f)(2).	YES								
CCR	87628(b)(4)	(4) Providing modified diets as prescribed by a resident's physician as specified in Section 87555(b)(7).	YES								
CCR	87465(i)	(i) Prescription medications which are not taken with the resident upon termination of services, not returned to the issuing pharmacy, nor retained in the facility as ordered by the resident's physician and documented in the resident's record nor disposed of according to the hospice's established procedures or which are otherwise to be disposed of shall be destroyed in the facility by the facility administrator and one other adult who is not a resident. Both shall sign a record, to be retained for at least three years, which lists the following:	YES								
CCR	87465(i)(1)	(1) Name of the resident.	YES								
CCR	87465(i)(2)	(2) The prescription number and the name of the pharmacy.	YES								
CCR	87465(i)(3)	(3) The drug name, strength and quantity destroyed.	YES								
CCR	87465(i)(4)	(4) The date of destruction.	YES								

Requirement		Disaster Preparedness	Specialty	In Compliance?			Deficiency Type				
Type	Section	Regulation/Statute Language	Tool	Yes	No	N/A	Type A	Type B	TV	TA	Notes
HSC	1569.695(a)	(a) In addition to any other requirement of this chapter, a residential care facility for the elderly shall have an emergency plan that shall include, but not be limited to, all of the following:									
HSC	1569.695(a)(1)	(1) Evacuation procedures.									
HSC	1569.695(a)(2)	(2) Plans for the facility to be self-reliant for a period of not less than 72 hours immediately following any emergency or disaster, including, but not limited to, a long-term power failure.									
HSC	1569.695(a)(3)	(3) Transportation needs and evacuation procedures to ensure that the facility can communicate with emergency response personnel or can access the information necessary in order to check the emergency routes to be used at the time of an evacuation and relocation necessitated by a disaster.									
HSC	1569.695(a)(4)	(4) Procedures that address, but are not limited to, all of the following:									
HSC	1569.695(a)(4)(A)	(A) Provision of emergency power that could include identification of suppliers of backup generators.									
HSC	1569.695(a)(4)(B)	(B) Responding to individual residents' needs in the event the emergency call buttons are inoperable.									
HSC	1569.695(a)(4)(C)	(C) Process for communicating with residents, families, hospice providers, and others, as appropriate, that might include landline telephones, cellular telephones, or walkie-talkies.									
HSC	1569.695(a)(4)(D)	(D) Assistance with, and administration of, medications.									
HSC	1569.695(a)(4)(E)	(E) Storage and preservation of medications.									
HSC	1569.695(a)(4)(F)	(F) The operation of assistive medical devices that need electric power for their operation, including, but not limited to, oxygen equipment and wheelchairs.									
HSC	1569.695(a)(4)(G)	(G) A process for identifying residents with special needs, such as hospice, and a plan for meeting those needs.									
HSC	1569.695(b)	(b) Each facility subject to this section shall make the plan available upon request to residents onsite and available to local emergency responders.									
HSC	1569.695(c)	(c) The department's Community Care Licensing Division shall confirm, during comprehensive licensing visits, that the plan is on file at the facility.									
HSC	1569.695(e)	(e) This subdivision shall not apply to residential care facilities for the elderly that have obtained a certificate of authority to offer continuing care contracts, as defined in paragraph (5) of subdivision (c) of Section 1771.	YES								
CCR	87212(a)	(a) Each facility shall have a disaster and mass casualty plan of action. The plan shall be in writing and shall be readily available.									
CCR	87212(b)	(b) The plan shall be subject to review by the Department and shall include:									
CCR	87212(b)(1)	(1) Designation of administrative authority and staff assignments.									
CCR	87212(b)(2)	(2) Plan for evacuation including:									
CCR	87212(b)(2)(A)	(A) Fire safety plan.									
CCR	87212(b)(2)(B)	(B) Means of exiting.									
CCR	87212(b)(2)(C)	(C) The assembly of residents to a predetermined evacuation site.									
CCR	87212(b)(2)(D)	(D) Transportation arrangements.									
CCR	87212(b)(2)(E)	(E) Relocation sites which are equipped to provide safe temporary accommodations for residents.									
CCR	87212(b)(2)(F)	(F) Supervision of residents during evacuation or relocation and contact after relocation to assure that relocation has been completed as planned.									

CCR	87212(b)(2)(G)	(G) Means of contacting local agencies such as fire department, law enforcement agencies, civil defense and other disaster authorities.									
CCR	87212(b)(3)	(3) Provision for notifying a resident's hospice agency, if any, in the event of evacuation and/or relocation.									
CCR	87212(c)	(c) Emergency exiting plans and telephone numbers shall be posted.									
CCR	87465(f)	(f) Emergency care requirements shall include the following:	YES								
CCR	87465(f)(3)	(3) The name and telephone number of an ambulance service shall be readily available.	YES								
CCR	87506(b)	(b) Each record shall contain at least the following information:	YES								
CCR	87506(b)(6)	(6) Names, addresses, and telephone numbers of responsible persons, as defined in Section 87101(r), to be notified in case of accident, death or other emergency.	YES								
CCR	87506(b)(7)	(7) Name, address and telephone number of physician and dentist to be called in an emergency.	YES								